

<i>SERFF Tracking Number:</i>	<i>MWSG-126380599</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AMEX Assurance Company</i>	<i>State Tracking Number:</i>	<i>45503</i>
<i>Company Tracking Number:</i>	<i>AETI-CRT-AR 3/10</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>American Express Travel Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: AMEX Assurance Company	SERFF Tr Num: MWSG-	State: Arkansas
Product Name: American Express Travel Insurance	126380599	
TOI: H19G Group Health - Travel	SERFF Status: Closed-Approved-Closed	State Tr Num: 45503
Sub-TOI: H19G.000 Health - Travel	Co Tr Num: AETI-CRT-AR 3/10	State Status: Approved-Closed
Filing Type: Form	Authors: June Stracener, Linda Adair	Reviewer(s): Rosalind Minor
	Date Submitted: 04/24/2010	Disposition Date: 04/26/2010
Implementation Date Requested: On Approval		Disposition Status: Approved-Closed
State Filing Description:		Implementation Date:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Substantially similar. Differences are due to domestic state requirements and Arkansas specific requirements.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Discretionary
Filing Status Changed: 04/26/2010	Explanation for Other Group Market Type:
Deemer Date:	State Status Changed: 04/26/2010
Submitted By: June Stracener	Created By: June Stracener
Filing Description:	Corresponding Filing Tracking Number:
AMEX Assurance Company	
NAIC #: 27928; FEIN: 36-2760101	
Group Health Travel Form Filing	
"American Express Travel Insurance"	

SERFF Tracking Number: MWSG-126380599 State: Arkansas  
Filing Company: AMEX Assurance Company State Tracking Number: 45503  
Company Tracking Number: AETI-CRT-AR 3/10  
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
Product Name: American Express Travel Insurance  
Project Name/Number: /

Company File Number: AETI-CRT-AR 3/10

- Certificate of Insurance (Form No. AETI-CRT-AR 3/10)
- Schedule of Benefits (Form No. AETI-SCHBF 3/10)
- Enrollment Form (Form No. AETI ANNUAL 12/09)
- Enrollment Form (Form No. AETI Bundle 12/09)
- Enrollment Form (Form No. AETI Custom 12/09)
- Enrollment Form (Form No. PUR PTH FR 12/09)
- Enrollment Form (Form No. PUR PTH PTC 12/09)
- Enrollment Form (Form No. 2009 AETI WEB)
- Enrollment Form (Form No. 2009 AETI ANNUAL WEB)

On behalf of AMEX Assurance Company (the "Company"), we respectfully submit the above-referenced forms for your review and approval. These forms are new and do not replace any previously approved forms.

Based on an earlier communication with Edith Roberts and Rosalind Minor of your Department, it is our understanding that the Accident and Health Division will coordinate the review of this form filing with the Property/Casualty Division if necessary and that we do not have to submit a separate form filing to the Property/Casualty Division. It is further our understanding that rates are not required to be submitted to either Division. If our understanding is not correct, please notify us immediately.

The captioned forms will be used under Master Group Policy AX0126 (the "Policy") issued to the Trustee of the AMEX Assurance Travel Group Trust (the "Master Policyholder"). The group is situated in Rhode Island, and the Policy was approved in that state on February 26, 2002. A copy of the Policy is enclosed for informational purposes only.

Group certificate holders will include individuals interested in travel insurance who are members of participating organizations. The participating organizations are typically companies who offer credit, debit, charge or prepayment cards, airlines, hotels, and other organizations through which travel goods and services are arranged for and purchased by members of the traveling public. Certificate holders, who are responsible for premium payments, also can enroll family members or other traveling companions who are traveling with them on designated covered trips.

American Express Travel Insurance (the "Program") covers a variety of losses related to travel for the certificate holder and other covered persons. Depending on benefits marketed by the Company or chosen by the certificate holder, covered losses may include trip cancellation/interruption benefits, trip delay coverage, baggage protection, emergency medical and dental expense benefits, emergency medical evacuation/repatriation benefits and accidental death and dismemberment coverage. The Program is supported by a variety of travel assistance services to help covered persons make the best use of their benefits.

Purchase of coverage is voluntary. There are no minimum or maximum ages for this coverage. The only stipulation is

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that a certificate holder must be 18 years or older to enroll in his/her own plan. The certificate holder, however, can enroll family members and other traveling companions regardless of the age of these other covered persons.

Participating Organization Application form number AX0126-PA 2/10 will be used with this Program but has or will be filed under separate cover in a car rental insurance filing by the Company. Form AX0126-PA 2/10 will replace form AX0126-PA 11/09, which was approved on January 11, 2010 by your Department (SERFF Tracking # MWSG-126395068).

The following is a brief description of each of the enrollment forms to be used with this coverage. Additional details on each enrollment form and the products offered through each form are included in an accompanying Explanatory Memorandum regarding the forms:

1. Annual (Form # AETI ANNUAL 12/09) -- This form offers American Express Travel Insurance annual coverage options. Through this form, applicants can choose travel coverages that are in packaged bundles and also coverage on a stand-alone basis.
2. Bundle (Form # AETI Bundle 12/09) -- This form offers bundles of American Express Travel Insurance coverage options on a designated per-trip basis.
3. Custom (Form # AETI Custom 12/09) -- This form offers American Express Travel Insurance stand-alone coverage options on a designated per-trip basis.
4. Purchase Path Flat Rate (Form # PUR PTH FR 12/09) -- This form offers bundled coverage options only available through partner websites in conjunction with the partner's trip purchasing process. Premiums are on a flat rate basis.
5. Purchase Path Percent of Trip Cost (Form # PUR PTH PTC 12/09) -- This form offers bundled coverage options only available through partner websites in conjunction with the partner's trip purchasing process. Premiums are determined as a fixed percentage of trip cost through the web-based trip-purchasing channel.
6. Web Enrollment forms (Form #s - 2009 AETI WEB and 2009 AETI ANNUAL WEB) -- These forms offer both stand-alone and bundled American Express Travel Insurance coverage options in a web-based environment. Form 2009 AETI WEB offers coverage on a designated per-trip basis, and Form 2009 AETI ANNUAL WEB offers coverage on an annual basis.

The explanatory memorandum submitted as a supporting document with this filing provides additional information on the enrollment forms, including the types of travel coverage in the bundled options that may be offered through these forms.

#### Discretionary Group Approval Request

This group policy contains certain coverages which are "accident and health" coverages by nature, including Global Medical Protection and Travel Accident Protection. The "group" to which the group policy will be issued, the AMEX Assurance Travel Group Trust is not one of the groups specifically defined as permissible under A.C.A. §23-86-106. However, A.C.A. § 23-86-106(4) provides that a group policy can be issued "under a policy issued to any persons or organization to which a policy of group life insurance may be issued or delivered in this state . . ."

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Product Name: American Express Travel Insurance  
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Among the permissible types of groups to which a group life insurance policy may be issued is a “discretionary group,” pursuant to A.C. A. §23-83-107, which provides, in pertinent part, as follows:  
23-83-107. Restrictions on coverage of other groups.

Group insurance offered to a resident of this state under a group policy issued to a group other than one described in §§ 23-83-102 – 23-83-106 shall be subject to the following requirements:

- (1) No group policy or certificate shall be delivered in this state unless the Insurance Commissioner finds that:
- (A) The issuance of the group policy is not contrary to the best interest of the public;
  - (B) The issuance of the group policy would be actuarially sound;
  - (C) The issuance of the group policy would result in economies of acquisition or administration; and
  - (D) The benefits are reasonable in relation to the premiums charged.

It is respectfully submitted that the group to which the accident and health coverages contained in this filing will be offered meets all of the above criteria, as described below:

A. Issuance of group policy is not contrary to the best interest of the public. The group policy will be issued to the AMEX Assurance Travel Group Trust, which is situated in Rhode Island. Eligible participating organizations in the trust will include companies that offer credit, debit, charge and prepayment cards, which companies will make these insurance coverages available to their customers/cardholders who are in the process of arranging trips and purchasing the travel goods and services related to such trips. There is therefore a commonality of participating organizations and insureds in that the primary object is travel, with travel insurance being an ancillary product thereto.

B. Issuance of the Policy would be actuarially sound. For your information we enclose a copy of the Actuarial Memorandum reflecting rate development for this product(s), as prepared by the Company’s retained actuarial firm.

C. Issuance of the group policy would result in economies of acquisition or administration. The group which, as opposed to issuance of individual policies, provides for economies of acquisition and administration that inure to the insureds benefit by lowering costs and thereby lowering premiums. By issuing a single group policy and then certificates to individual insureds, costs of printing paper, mailing, and related items are reduced, and data processing and administration is made more efficient as opposed to individual policies.

D. Benefits are reasonable in relation to the premium charged. The enclosed Rate Memorandum reflects development of reasonable rates based on loss ratios derived from prior 5 year as experience, appropriately adjusted for benefit modifications and supplemented by competitor experience where new coverages or benefits are being offered that were not offered in the previous generation of the Company’s product.

Accordingly, the Company requests the Department’s consideration of this issue in its review of this filing and will assume the Department’s approval of the filing may be considered inclusive of approval the “group” pursuant to the above-captioned statute.

## Company and Contact



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TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	American Express Travel Insurance		
Project Name/Number:	/		

### Filing Contact Information

Chuck Cliett, Attorney	ccliett@mwlaw.com
425 West Capitol Avenue	501-688-8819 [Phone]
Suite 1800	501-918-7819 [FAX]
Little Rock, AR 72201-3525	

### Filing Company Information

(This filing was made by a third party - MWSGW01)

AMEX Assurance Company	CoCode: 27928	State of Domicile: Illinois
19640 N. 31st Avenue	Group Code:	Company Type: Property/Casualty
Mail Code 180219	Group Name:	State ID Number:
Phoenix, AZ 85027	FEIN Number: 36-2760101	
(800) 618-8441 ext. [Phone]		

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	Arkansas charges \$ 50/form. There are 9 forms included in this filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMEX Assurance Company	\$450.00	04/24/2010	35934712

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Product Name:	American Express Travel Insurance		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/26/2010	04/26/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	June Stracener	04/24/2010	04/24/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request for approval of the Group	Note To Reviewer	June Stracener	04/24/2010	04/24/2010

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## Disposition

Disposition Date: 04/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

This submission is being approved effective on this date.

Upon review of this discretionary group, we acknowledge that the group is a valid discretionary group under ACA 23-86-106(5). Also refer to ACA 23-86-106(4) and 23-83-107.

Rate data does NOT apply to filing.

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Product Name:	American Express Travel Insurance		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Explanatory Memorandum Regarding Enrollment Forms	Approved-Closed	Yes
Supporting Document ( <i>revised</i> )	Statement of Variability	Approved-Closed	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Cover Letter dated 4-24-10	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Enrollment form	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes

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**Amendment Letter**

Submitted Date: 04/24/2010

**Comments:**

We are providing a revised Statement of Variability.

Thank you for your courtesy and assistane in the review of this filing.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

AR Statement of Variability.pdf

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*Product Name:* American Express Travel Insurance  
*Project Name/Number:* /

**Note To Reviewer**

**Created By:**

June Stracener on 04/24/2010 09:25 AM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

04/26/2010 02:35 PM

**Subject:**

Request for approval of the Group

**Comments:**

Ms. Minor, when you ultimately issue your approval of the filing (which I understand will also constitute approval of the group), would you please specifically state in the disposition that the approval of the filing includes the approval of the group?

Thank you for your courtesy and assistance.

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## Form Schedule

### Lead Form Number: AETI-CRT-AR 3/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/26/2010	AETI-CRT-AR 3/10	Certificate	Certificate of Insurance	Initial		50.000	AR Certificate AETI-CRT-AR 3-10.pdf
Approved-Closed 04/26/2010	AETI-SCHBF 3/10	Schedule Pages	Schedule of Benefits	Initial		50.000	Schedule of Benefits (Group) AETI-SCHBF 3-10.pdf
Approved-Closed 04/26/2010	AETI ANNUAL 12/09	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Enrollment Form AETI ANNUAL 12-09.pdf
Approved-Closed 04/26/2010	AETI Bundle 12/09	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Enrollment Form AETI Bundle 12-09.pdf
Approved-Closed 04/26/2010	AETI Custom 12/09	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Enrollment Form AETI Custom12-09.pdf
Approved-Closed 04/26/2010	PUR PTH FR 12/09	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Enrollment Form PUR PTH FR 12-09.pdf
Approved-Closed 04/26/2010	PUR PTH PTC 12/09	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Enrollment Form PUR PTH PTC 12-09.pdf
Approved-Closed 04/26/2010	2009 AETI WEB	Application/ Enrollment Form	Enrollment Form	Initial		50.000	Per Trip Web Enrollment Form 2009

AETI WEB  
(Home Page).pdf  
Per Trip Web  
Enrollment  
Form 2009  
AETI WEB  
(Options Page).pdf  
Per Trip Web  
Enrollment  
Form 2009  
AETI WEB  
(Step 1).pdf  
Per Trip Web  
Enrollment  
Form 2009  
AETI WEB  
(Step 2).pdf  
Per Trip Web  
Enrollment  
Form 2009  
AETI WEB  
(Step 3).pdf  
Per Trip Web  
Enrollment  
Form 2009  
AETI WEB  
(Step 4).pdf  
Annual Web  
Enrollment  
Form 2009  
AETI  
ANNUAL  
WEB (Home  
Page).pdf  
Annual Web  
Enrollment

Annual Web  
Enrollment  
Form 2009  
AETI  
ANNUAL  
WEB (Home  
Page).pdf  
Annual Web  
Enrollment



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Form 2009  
 AETI  
 ANNUAL  
 WEB (Options  
 Page).pdf  
 Annual Web  
 Enrollment  
 Form 2009  
 AETI  
 ANNUAL  
 WEB (Step  
 1).pdf  
 Annual Web  
 Enrollment  
 Form 2009  
 AETI  
 ANNUAL  
 WEB (Step  
 2).pdf  
 Annual Web  
 Enrollment  
 Form 2009  
 AETI  
 ANNUAL  
 WEB (Step  
 3).pdf  
 Annual Web  
 Enrollment  
 Form 2009  
 AETI  
 ANNUAL  
 WEB (Step  
 4).pdf

**[AMERICAN EXPRESS® TRAVEL INSURANCE]**

**CERTIFICATE OF INSURANCE**

Underwritten by AMEX Assurance Company  
[Administrative Office, MC: 08-01-20, 20022 N. 31<sup>st</sup> Ave., Phoenix, AZ 85027]

Certificate prepared for: [John/Jane Doe]  
Identification number: [xxxxxxxxxxxxx]

We have issued the Group Master Policy AX0126 (herein called the Policy) to the Master Policyholder. Coverage is provided to You and Traveling Companions enrolled for coverage, subject to the exclusions and provisions of the Policy.

IF YOU ARE NOT FULLY SATISFIED WITH THE [AMERICAN EXPRESS TRAVEL INSURANCE] DESCRIBED WITHIN, YOU MAY VOID IT BY RETURNING THIS CERTIFICATE OF INSURANCE WITHIN [14] DAYS AFTER RECEIPT TO US AT [AMERICAN EXPRESS TRAVEL INSURANCE, P.O. BOX 471792, TULSA, OK 74147-1792]. AND YOUR PREMIUM WILL BE REFUNDED IN FULL AND WHEN SO RETURNED THE COVERAGE WILL BE VOID FROM THE BEGINNING.

**COVERAGE EFFECTIVE DATE**

[Trip Cancellation coverage is effective the earlier of 12:01 a.m. on the date:

1. You applied for coverage as evidenced by phone, fax or electronic transmission; or
2. After the date Your enrollment is postmarked.]

Coverage for [Trip Interruption], [Global Trip Delay], [Global Baggage Protection], [Travel Accident Protection], [Emergency Medical and Dental Expense] and [Emergency Medical Evacuation/Repatriation coverage] is effective at 12:01 a.m. on the Covered Trip Departure Date, provided:

1. Your enrollment is received and validated by Us; or
2. Your enrollment is postmarked prior to or on the Covered Trip Departure Date.

**For summary information about Covered Persons, Benefits and Coverage Effective Dates, see Your Schedule of Benefits. For all types of benefits, coverage is not effective unless the correct premium has been paid.**

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## **I. INTRODUCTION TO YOUR COVERAGE**

This Certificate of Insurance Coverage ("Certificate") provides travel benefits for Covered Persons as described below.

This Certificate **replaces any other Certificate that You may have received previously.** The benefits described in this Certificate are subject to all the terms, conditions and exclusions of the Policy. **This Certificate is an important document. Please read it and keep it in a safe place.**

## **II. DEFINITIONS**

Certain words used in this Certificate are capitalized throughout and have special meanings. Wherever used herein, the singular shall include the plural, the plural shall include the singular, as the context requires. Some words defined in this section only relate to certain benefits and may not apply to Your Certificate if You do not choose those benefits.

**Accident** means a sudden, unexpected, or unintended event that occurs at a single, identifiable time and place, and that causes Accidental Death, Dismemberment, or Accidental Injury. An Accident may not be caused by Sickness or other conditions, or by the voluntary ingestion, injection, or inhalation of any substance.

**Accidental Death** means the death of a Covered Person as a direct result of an Accident.

**Accidental Injury** means bodily injury to a Covered Person as a direct result of an Accident.

**Account** means the credit, charge, prepaid, or debit card account issued to the Enrollee in his or her name to which premiums will be billed. The Account must be listed on the enrollment form or provided to a representative by phone to be considered an eligible enrolled Account to which premium can be billed.

[**Annual Payment Plan** means a selected option of premium payment whereby You enroll a credit, charge, prepaid or debit Account to which premiums are billed on an annual basis. Each Covered Trip taken will be covered for the same benefits as selected by You during enrollment.]

**Ambulance** means a vehicle equipped for transporting the injured and sick, staffed by trained personnel and

is operated and duly licensed through a hospital, municipality or independent ambulance service.

**American Express Card** means for the purpose of this Certificate, any card bearing an American Express trademark or logo issued by American Express Travel Related Services, Inc. or its subsidiaries and affiliates.

**American Express Membership Rewards Points** or **Membership Rewards Points** means credits obtained through the Membership Rewards program available with most American Express Cards, which are earned when making certain purchases with such cards.

**Attending Physician** means the Physician from whom treatment is sought for a Sickness or Accidental Injury.

**Baggage** means each Covered Person's suitcases or traveling bags, the contents of each, and the Covered Person's personal effects that the Covered Person brings on a Covered Trip.

**Beneficiary** means the person or entity designated on forms and in a manner approved by Us to receive benefits in the event of Accidental Death. If no person or entity is designated, the Beneficiary will be determined by the terms of the Certificate.

**Boarding** means engaging, by a Covered Person, in the direct and immediate act of getting on and entering into a Scheduled Airline or Common Carrier Conveyance to begin, or while on, a Covered Trip.

**Business Effects** means property owned by the Covered Person or used in conjunction with the Covered Person's employment for which the safekeeping is the Covered Person's responsibility.

**Common Carrier Conveyance** means any land, water or air vehicle operated by a licensed common carrier and offered to the public to carry passengers for hire on a regularly scheduled basis. (A rental or personal vehicle is not a Common Carrier Conveyance.)

**Commutation** means travel between an individual's residence, whether Permanent or Temporary, and the individual's routine place of daily employment.

**Company** means AMEX Assurance Company and its duly authorized agents or subcontractors.

**Company Officer** means, in regards to the employer of a Covered Person, a person who acts in an official

capacity in a company. Company Officers include, but may not be limited to directors, managers and corporate secretaries.

**Complications of Pregnancy** means conditions whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy or caused by pregnancy. Such conditions include, but are not limited to:

1. Acute nephritis;
2. Nephrosis;
3. Cardiac decompensation;
4. Missed abortion and similar medical and surgical conditions of comparable severity;
5. Non-elective cesarean section;
6. Ectopic pregnancy which is terminated;
7. Hyperemesis gravidarum and preeclampsia; or
8. Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy shall not include:

1. False labor;
2. Occasional spotting;
3. Physician-prescribed rest during the period of Pregnancy;
4. Morning sickness; and
5. Similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**Coverage Effective Date** is the date shown on the Schedule of Benefits identifying the date coverage under the Certificate begins.

**Covered Person** means You or Your Traveling Companions who have met the enrollment requirements of the Plan, and for whom all premiums have been paid. [If You pay for coverage on behalf of another person(s), but do not accompany the person(s) on the Covered Trip, You are not a Covered Person.]

**Covered Trip** is defined in the Description Of Benefits section in connection with each type of benefit provided by Us under this Certificate.

**Covered Trip Conclusion Date** means the date on which the Covered Person is originally scheduled to return to the point where the Covered Trip started or to the Covered Person's final destination.

**Covered Trip Departure Date** means the date on which the Covered Person is originally scheduled to leave on the Covered Trip.

**Dentist** means a Doctor of Dental Surgery or Doctor of Dental Medicine as defined and licensed by the jurisdiction in which the Dentist is practicing, and who is providing dental services authorized by his or her license. The treating Dentist may not be a Covered Person, Spouse or Domestic Partner of the Covered Person, other Family Member of the Covered Person or anyone else related to the Covered Person by blood.

**Dependent** means

1. Your lawful Spouse or Domestic Partner;
2. Your unmarried, dependent children under 26 years of age who rely on You for financial support and maintenance; and
3. Your unmarried dependent children 26 years or older who because of a handicap condition that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and dependent upon You for lifetime care and supervision. Coverage will be extended for as long as such child is incapacitated, unmarried and dependent.

**Deplaning** means engaging, by a Covered Person, in the direct and immediate act of moving down, out, or off of the Scheduled Airline while on a Covered Trip. Once the Covered Person's body has completely exited the Scheduled Airline, he or she is no longer Deplaning.

**[Designated Trip Payment Plan** means a selected option of premium payment whereby You enroll for coverage and pay a premium for benefits selected under the Certificate for each Covered Person and Covered Trip. Re-enrollment is required for each Covered Trip.]

**Dismemberment** means, with reference to hand or foot, complete and permanent severance through or above the wrist or ankle joint as a result of an Accident, and as used with reference to eye, means the irrecoverable loss of the entire sight thereof as a result of an Accident.

**Domestic Partner** means persons who either,

1. Can provide documentation of registration of the Domestic Partner relationship pursuant to a state, county or municipal provision, or
2. Can meet all of the following qualifications:
  - a. Have resided with each other continuously for at least 12 months in a

- b. Are not married to any other person;
- c. Are at least 18 years old;
- d. Are not related to each other by blood closer than would bar marriage per state law; and
- e. Are financially interdependent as can be documented by copies of joint home ownership or lease, common bank accounts, credit cards, investments or insurance.

**Enrollee** means the person who authorizes completion of the enrollment form, who pays the required premium and, if applicable, takes a Covered Trip and enrolls eligible Traveling Companion(s).

**Exceptional Danger** means a circumstance in which a reasonably prudent person, using ordinary caution, would realize that he or she was at substantial risk of serious injury or death.

**[Family Member** means the Covered Person's Dependent, son or daughter (including adopted and those who are in the process of becoming adopted, foster, step or in-law), Domestic Partner's son or daughter (including adopted and those who are in the process of becoming adopted, foster, step or in-law), brother or sister (including step or in-law), parent (including step or in-law), grandparent (including step or in-law), grandchild (including adopted and those who are in the process of becoming adopted, foster or step), aunt, uncle, niece, nephew, guardian, or ward.]

**Felonious Assault** means an act of violence against a Covered Person, or the Covered Person's Family Member or Traveling Companion requiring medical treatment in a Hospital.

**Financial Default** means the complete suspension of operations due to financial situations, whether or not a bankruptcy petition is filed, or partial suspension of operations after the filing of a bankruptcy petition.

**High-Risk Articles** means the following personal property of a Covered Person:

1. Jewelry;
2. Sporting equipment;
3. Photographic or electronic equipment;
4. Computers and audio/visual equipment;
5. Items consisting in whole or in part of gold, silver or platinum; and
6. Furs or articles made mostly with fur or trimmed or lined with fur.

**Hospital** means an institution which meets all of the following requirements:

1. It is properly accredited and where required by law, holds a license as a Hospital;
2. It operates mainly for the care and treatment of sick or injured persons as inpatients;
3. It provides 24 hours a day nursing care by registered nurses;
4. It has staff of one or more Physicians available at all times; and
5. It provides organized facilities for diagnosis and surgical procedures.

Hospital does not include any of the following:

1. A facility used primarily for the care of the aged;
2. A mental institution or sanitarium;
3. A facility used primarily as a clinic, nursing home, hospice or similar place of business;
4. A long term nursing unit or geriatric ward;
5. A rehabilitative facility or extended care facility for convalescent patients; or
6. A military or veterans hospital, soldier's home or any hospital that is contracted for or operated by the federal government or any of its agencies for members or former members of the armed forces, unless You are legally required to pay for the services.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered a Hospital.

**Master Policyholder** means the trustee of the AMEX Assurance Travel Group Trust and any successors of such trustee that may serve in the future.

**Medically Necessary** means a service, supply, drug, or article that is:

1. Recommended and approved by a Physician or Dentist or acting within the scope of his or her license;
2. Consistent with the Covered Person's condition or accepted standards of good medical practice;
3. Medically proven to be effective for the Sickness or Accidental Injury for which it is recommended or approved;
4. Not performed mainly for the convenience of the Covered Person or the Physician or Dentist;
5. Not considered experimental or conducted for research purposes; and
6. The most appropriate level of services which can be safely provided to the Covered Person.

**Occurrence** means a single instance or a continuous or repeated exposure to conditions during the Period of Coverage which results in eligibility for payment of a Policy benefit. The loss shall be deemed one Occurrence if it is attributable directly or indirectly to one cause or to one series of similar causes.

**Participating Organization** means the organization of which You are a member that has completed a Participating Organization Application under the Master Policy and has been accepted by the Company.

**Pay with Points** is a process that may be available to an individual who accrues American Express Membership Rewards Points and then uses the Membership Rewards Points to pay for travel by converting them to statement credits to off-set some or all of the expense of that travel reflected on the individual's American Express Card Account statement.

**Period of Coverage** means that period of time during which a Covered Person is covered under the Policy. This period begins on the Coverage Effective Date, which is variable by coverage, and ends at 12:01 a.m. on the date immediately following the Covered Trip Conclusion Date.

**Permanent Residence** means the one primary dwelling place where the Covered Person resides and to which he or she intends to return.

**Physician** means a Medical Doctor or Doctor of Osteopathy as defined and licensed by the jurisdiction in which the Physician is practicing, and who is providing medical services authorized by his or her license. For the purposes of this Certificate, Physician also means an advanced practitioner licensed in the applicable jurisdiction to provide medical services

under the direct supervision of a Medical Doctor or Doctor of Osteopathy, such as an advanced practice nurse or a physician's assistant, and who is providing medical services authorized by his or her license. The treating Physician may not be a Covered Person, Spouse or Domestic Partner of the Covered Person, other Family Member of the Covered Person or anyone else related to the Covered Person by blood.

**Plan** means the Policy and the benefits described therein.

**Policy** means the Group Insurance Master Policy AX0126 issued to the Master Policyholder and includes a copy of this Certificate, which is attached to the Policy issued to the Master Policyholder.

**Preexisting Condition** is a Sickness or Accident that existed, or for which a Covered Person, Traveling Companion or Family Member of a Covered Person or Traveling Companion was treated or received medical advice, before the Coverage Effective Date. The existence of a Preexisting Condition may cause certain benefits to be excluded, as explained in the section Terms That Apply To All Benefits, in the subsection on the Certificate's Preexisting Condition Exclusion.

**Reasonable and Customary** means the usual fee charged by a Physician or Dentist or by a provider of medical transportation services, or by a mortician, within a certain geographic area. The locality where the charge is made also will be considered. Locality means a county or such greater area as is needed to represent a cross section of providers giving the type of service or supplies for which the charge was made. If the fees charged are higher than the average amounts, the individual receiving the service is responsible for paying the difference.

**Replacement Cost** means the lesser of the cost to repair or replace Baggage with new material or property of like kind and quality as a result of physical loss, theft, pilferage, and significant damage to or destruction of the Baggage. Deduction for depreciation of the item will also be taken into consideration.

**Residence** means either the Covered Person's Permanent Residence or Temporary Residence.

**Schedule of Benefits** means the summary of benefits for all Covered Persons under the Certificate.

**Scheduled Airline** means a commercial airline that publishes schedules and fares for regular passenger service between cities and which is:

1. Of United States registry and certified for civil scheduled air transport by the United States government to carry passengers on a regularly scheduled basis; or
2. Of foreign registry and approved by the United States government or the appropriate foreign authority where the aircraft is registered; or
3. A Scheduled Charter, defined as an airline charter service that meets all of the following qualifications:
  - a. It is operated by a Scheduled Airline;
  - b. It is licensed to carry passengers for hire;
  - c. It is available to the public; and
  - d. It is not hired, owned or leased by a Covered Person's employer.

**Sickness** means an illness or disease.

**Spouse** means a person to whom the Covered Person is married.

**Temporary Residence** means a dwelling place where the Covered Person intends to reside for a limited time during a Covered Trip, and which is occupied or intended to be occupied by the Covered Person for 45 days or more.

**Terrorist Incident** means an act, outside the context of declared or undeclared war or of any form of unrest or civil disturbance, committed by one or more persons, neither enlisted nor commissioned in the armed forces of any nation state, for the express or implied purpose of achieving a political, ethnic, or religious goal which causes physical damage to humans, property or infrastructure.

**Traveling Companion** means a person enrolled by You or enrolled under a separate [American Express Travel Insurance] Certificate [or American Express Award Travel Insurance Certificate] who participates in the entire Covered Trip.

**Unforeseeable** means incapable of being anticipated with ordinary diligence.

**Unused Airfare** means the nonrefundable expense for a portion of the Covered Trip not taken through a Scheduled Airline.

**We, Us, Our** means the Company.

**You, Your** means, or refers to, the Enrollee.

### **III. DESCRIPTION OF BENEFITS**

The benefits chosen by You for the Covered Persons under this Certificate are included on the Schedule of Benefits attached to this Certificate. The required premium for the benefits is also included on the Schedule of Benefits. Once You and any Traveling Companions have been enrolled, You pay the required correct premium, and We validate and accept Your enrollment, We will provide the benefits described in this section to all Covered Persons.

#### **A. [TRIP CANCELLATION/INTERRUPTION]**

##### **1. Definition of Covered Trip**

In relation to the Trip Cancellation/Interruption coverage as described below, Covered Trip means a period of travel by Common Carrier Conveyance, Scheduled Airline [or other means]:

- a. The purpose of which is business or pleasure;
- b. Which has a defined Covered Trip Departure Date and a Covered Trip Conclusion Date; and
- c. Which does not exceed 365 consecutive days from the date of departure.

If the Covered Trip exceeds 365 consecutive days, We will cover only the first 365 days. The Covered Trip begins when a Covered Person Boards a Scheduled Airline or Common Carrier Conveyance to begin the trip [or enters a vehicle or other means of transportation and begins the trip].

##### **2. Explanation of Benefits**

Trip Cancellation provides benefits for expenses the Covered Person incurs for Covered Trips cancelled up to the time and date of the Covered Trip Departure Date. Trip Interruption provides benefits for expenses the Covered Person incurs for Covered Trips that are interrupted on or after the time and date of the Covered Trip Departure Date. Coverage will include transportation to a Permanent or Temporary Residence.

##### **3. Covered Reasons for Trip Cancellation and Interruption**

We will pay this benefit if the Covered Person's or Traveling Companion's Covered Trip is cancelled or interrupted as a result of any of the following reasons:

- a. **Unexpected or unintended injury, illness or disease:**
  - (1) which is so disabling, in the written opinion of a Physician or Dentist, acting within the scope of his or her practice, as to reasonably



cause the Covered Person to interrupt or cancel his/her Covered Trip;

- (2) occurring to a Family Member, Traveling Companion, or Traveling Companion's Family Member that is considered life threatening; or
- (3) occurring to a Family Member, Traveling Companion, or Traveling Companion's Family Member who requires the Covered Person's or Traveling Companion's care.

The following requirements apply to an unexpected injury illness or disease:

- i. the injury, illness or disease must require examination or treatment by a Physician or Dentist, acting within the scope of his or her practice, prior to the cancellation or interruption of the Covered Trip (see definition of Covered Trip).
  - ii. the Covered Person must notify the appropriate travel supplier(s) of the Covered Person's cancellation or interruption within 48 hours of a medical exam or treatment, or as soon as reasonably possible. Failure to do so may affect your claim payment;
- b.** Death of a Covered Person, Family Member, Traveling Companion, or Traveling Companion's Family Member if the death occurs within 30 days of the Covered Persons' scheduled Covered Trip Departure Date (but after the Covered Trip is purchased) or during the Covered Trip;
  - c.** Unexpected or unintended circumstances for active duty members of the United States Armed Forces which will include official (written) revocation by a Unit Commanding Officer (as defined by the Armed Forces) of previously approved (written) leave which is not due to war-related situations, full or partial mobilization or mass reassignment of Armed Forces personnel or invocation of the War Powers Act;
  - d.** Adverse weather or natural disasters resulting in the complete cessation of travel services for at least [24] hours. There is no coverage for storms or hurricanes that have been named by the World Meteorological Organization, National Weather Service (or meteorological organization of similar stature and purpose) prior to the purchase of the coverage;
  - e.** The Covered Person's or Traveling Companion's Permanent or Temporary Residence becoming

uninhabitable due to fire, flood, volcano, earthquake, vandalism, burglary or other natural disasters;

- f.** The accommodations at the Covered Person's destination are uninhabitable because of fire, flood, volcano, earthquake, vandalism, burglary or other natural disasters;
- g.** The Covered Person or Traveling Companion being subpoenaed, required to serve on a jury or served with a court order prior to the Covered Trip Departure Date or during the Covered Trip;
- h.** The Covered Person, Traveling Companion or Family Member of a Covered Person or Traveling Companion being hijacked or quarantined prior to the Covered Trip Departure Date or during the Covered Trip;
- i.** Unforeseeable, unintended or unexpected termination or layoff of a Covered Person's or Traveling Companion's employment by his or her employer, provided that the Covered Person or Traveling Companion who is terminated or laid off had been continuously employed by the employer as a full or part-time permanent employee for [24 months] prior to the termination or layoff, not including self-employment;
- j.** [Unforeseeable, unexpected or unintended Financial Default or bankruptcy of any tour operator, hotel, resort, rental car company, other travel supplier, Scheduled Airline, or Common Carrier Conveyance, whose services or products constitute all or part of the Covered Person's Covered Trip. Financial Default occurring on, before or less than 7 days after the Coverage Effective Date of Trip Cancellation is not covered;]
- k.** If the Covered Person, Traveling Companion or Family Member of a Covered Person or Traveling Companion is the victim of a Felonious Assault within 10 days prior to the Covered Trip Departure Date;
- l.** Travel arrangements cancelled by a tour operator, Scheduled Airline or Common Carrier Conveyance due to adverse weather or as a result of labor disputes that affect public transportation;
- m.** Scheduled Airline or Common Carrier Conveyance-caused delays due to adverse

weather or as the result of labor disputes that affect public transportation. The Scheduled Airline or Common Carrier-caused delay must be at least [6] hours or by [12:01 a.m.] of the next day (in the time zone where the delay originally occurred), whichever happens first;

- n. A Terrorist Incident in the Covered Person's city of destination that occurs after the Coverage Effective Date. The Covered Person must be scheduled to arrive in that city within 30 days following the Terrorist Incident;
- o. A Covered Trip delay that results in the loss of more than [50] % of the Covered Person's Covered Trip length. Covered Trip delay as it applies to such loss of Covered Trip length includes the following, unless caused by the action or inaction of a Covered Person or Traveling Companion: missed connections, delayed departure, cancellation, denied Boarding, Scheduled Airline or Common Carrier Conveyance-caused delays; lost or stolen passports, quarantine, hijacking, unannounced strike, natural disaster, or a civil disorder;
- p. Required and mandatory evacuation ordered by local authorities at the Covered Person's final destination due to hurricane or other natural disaster. The Covered Person must have at least 50% of the total Covered Trip length remaining on such Covered Trip at the time the mandatory evacuation ends in order to cancel or interrupt such Covered Trip;
- q. Direct involvement in a traffic accident by a Covered Person or Traveling Companion while directly en route to departure of Your Scheduled Airline or Common Carrier Conveyance.

#### **4. Covered Expenses under Trip Cancellation/Interruption Coverage**

A maximum benefit of up to the aggregate amount indicated on the Schedule of Benefits is provided to cover certain expenses listed below which are related to Trip Cancellation. Trip Interruption is reflected as a percentage of the aggregate amount which is also indicated on the Schedule of Benefits. Covered expenses mean:

- a. Forfeited, published, nonrefundable payments or deposits incurred as a result of cancellation penalties imposed by tour operators, Scheduled Airline or Common Carrier Conveyances, or change fees incurred in lieu of full penalties not including travel agency penalties;
- b. The charge incurred for an individual supplement if the Traveling Companion's Covered Trip is cancelled, but the Covered Person's Trip is not cancelled;
- c. Unused, nonrefundable arrangements, made by the Covered Person;
- d. If the Covered Person must return to a Permanent or Temporary Residence due to a covered reason described in this section, We will pay the greater of:
  - (1) additional transportation expenses to the Covered Person's Permanent or Temporary Residence via a Scheduled Airline, Common Carrier Conveyance, rental car or personal vehicle; or
  - (2) the value of the Covered Person's Unused Airfare or unused portion of any other nonrefundable land or sea travel arrangements;
- e. Reasonable additional accommodation and economy class transportation expenses combined up to \$150 per day if, during a Covered Trip, the Covered Person, the Covered Person's traveling Family Member or a Traveling Companion must remain in the Hospital or has been certified as medically unable to travel. This benefit is provided for a maximum of five days;
- f. The charge to return the Covered Person's vehicle to a Permanent or Temporary Residence if it is necessary for the Covered Person to interrupt the Covered Trip and return to a Permanent or Temporary Residence via alternate transportation as a result of a covered loss; and
- g. If the Covered Person is interrupted due to a covered reason described in this section, but can rejoin the Covered Trip at a different location, We will pay the additional transportation expenses in order for the Covered Person to rejoin the Covered Trip.

#### **5. [Cancel for Business Reasons Explanation of Benefits]**

Cancel for Business Reasons coverage provides benefits for expenses the Covered Person incurs for Covered Trips cancelled on or before the date of the Covered Trip Departure Date. **In order for benefits to be payable, Cancel for Business Reasons coverage must be purchased within [14] days of making the initial purchase for travel or lodging on a Covered Trip.**

We will pay this benefit if a Covered Trip is cancelled because a Covered Person or his or her Traveling Companion is required to work during the Period of Coverage because of his or her:

- a. Employer's business demands, as evidenced by a written statement from his or her employer signed by either a Company Officer or authorized representative of the employer's human resources department and demonstrating revocation of previously approved time off;
- b. Place of employment being rendered unsuitable for business due to burglary, fire, flood, volcano, earthquake or other natural disasters;
- c. Unintended and/or unanticipated direct involvement in the merger of his or her employer with another company, or the acquisition of his or her employer by another company; or
- d. Place of employment being permanently and unexpectedly relocated 250 miles or more after the coverage is purchased but prior to the Covered Trip Departure Date.]

#### **6. Notice of Claim and Proof of Loss**

**Notice of Claim:** The Covered Person shall provide Notice of Claim for a cancelled trip to Us as described in Terms That Apply To All Benefits, under the subsection on Claims. **In addition, if interrupted in the course of a Covered Trip, the Covered Person must call Us at [1-800-332-4899] within the United States or collect at [1-303-273-6497] from anywhere else prior to making any additional accommodations or transportation arrangements. Failure to do so may affect coverage.**

**Proof of Loss:** The Covered Person must provide Us with documentation of the cancellation, interruption or delay and proof of the expenses incurred, as described in the section on Terms That Apply To All Benefits, under the subsection on Claims.

Additionally, the Covered Person must provide proof of payment for the Covered Trip (cancelled checks, credit card statements, receipts, proof of any refunds granted, copies of applicable tour operator, Scheduled

Airline or Common Carrier Conveyance cancellation policies/guidelines, proof of age for each party claiming benefits and any other information reasonably required to prove the loss occurred).

Claims that involve health care or death require a patient or representative of the patient to sign an authorization to release medical or other information, and the attending Physician's statement. The Covered Person will be required to supply Us with all unused air, rail, cruise or other tickets, if they are claiming the value of those unused tickets.

#### **7. Exclusions and Limitations Applicable to Trip Cancellation/Interruption [& Cancel For Business Reasons] Coverage**

In addition to the exclusions described in the section on Terms That Apply To All Benefits, the following limitations and exclusions apply to the Trip Cancellation/Interruption coverage [& Cancel For Business Reasons coverage].

- a. If the Covered Person fails to notify the appropriate travel supplier(s) of the cancellation within 48 hours of becoming aware of the need to cancel, We will only pay the cancellation penalties to which the Covered Person was subject prior to the expiration of the 48 hour period. However, if the Covered Person is unable to notify the appropriate travel supplier within 48 hours because a medical condition prevents the Covered Person from doing so or asking someone else to make such notice, We will pay additional cancellation penalties caused by such delay if the Covered Person notifies the travel supplier as soon as reasonably possible.
- b. You may insure **no more than 10 Covered Persons**, including Yourself, on any Covered Trip. Covered Persons may receive benefits for interruptions or delays caused by other Traveling Companions enrolled under a separate [American Express Travel Insurance] Certificate [or American Express Award Travel Insurance Certificate] only if You [identify them when You enroll for coverage] [or] [call Us at [1-800-332-4899] within the United States or collect at [1-303-273-6497] from anywhere else before the Covered Trip and identify them. **The total number of Covered Persons and additional identified Traveling Companions may not exceed 10 individuals.**
- c. We will not pay benefits under Trip Cancellation/Interruption coverage if the loss for which coverage is sought was directly or

indirectly, wholly or partially, contributed to or caused by or related to:

- (1) any covered reason which happens prior to the Coverage Effective Date;
- (2) any covered reason which You or another Covered Person know at the time You purchase this coverage, or reasonably should know at that time, is likely to occur during the Period of Coverage;
- (3) Scheduled Airline or Common Carrier Conveyance-caused delays except as provided elsewhere in this coverage;
- (4) travel preparations cancelled by a tour operator, Scheduled Airline or Common Carrier Conveyance except as provided elsewhere in this coverage;
- (5) changes in plans for reasons other than those specifically listed in this coverage;
- (6) inability to obtain necessary travel documents (passports, visas, etc.), or being detained or having property confiscated by any customs authority;
- (7) financial circumstances (for example personal bankruptcy) of the Covered Person, a Family Member, or Traveling Companion;
- (8) any prohibition by or regulation of a state, federal or foreign government;
- (9) Preexisting Conditions as described in Terms That Apply To All Benefits section, under the subsection on the Preexisting Condition Exclusion unless waived as also described in that subsection;
- (10) covered expense incurred, while on or before a Covered Trip, as a direct result of complications of a medical procedure or medical condition from a Covered Trip taken for the purposes to seek advice for or treatment of any condition (if complications do not occur all covered expense benefits are eligible for such trips);
- (11) fees associated with the rebooking of a cancelled/interrupted trip, or any other fees for services not specifically listed in this coverage;
- (12) a cancellation or interruption of a Covered Trip due to a Felonious Assault inflicted by a Covered Person or a Family Member (if a Covered Person is assaulted by another Covered Person or Family Member, benefits under this Certificate are payable to the victim, but not to the perpetrator);
- (13) cancellation penalties to which the Covered Person was subject prior to the purchase of this coverage; or
- (14) employment or business-related obligations of [the Covered Person, his or her Traveling

Companion or] a Family Member of the Covered Person or Traveling Companion.]

## **B. [CANCEL FOR ANY REASON COVERAGE]**

### **1. Definition of Covered Trip**

In relation to Cancel For Any Reason Coverage, the definition of Covered Trip is the same as for Trip Cancellation/Interruption coverage described above.

### **2. Explanation of Benefits**

Cancel for Any Reason Coverage provides benefits for expenses the Covered Person incurs for Covered Trips cancelled up to [2] days or more before the Covered Trip Departure Date. Coverage will be provided for up to [50]% of the pre-paid, forfeited, non-refundable payments and deposits. A maximum benefit of up to [50]% of the aggregate amount is payable as indicated on the Schedule of Benefits,. **In order for benefits to be payable, Cancel for Any Reason Coverage must be purchased within [14] days of making the initial purchase for travel or lodging on a Covered Trip.**

### **3. Covered Expenses Under Cancel For Any Reason Coverage**

In relation to Cancel For Any Reason Coverage, covered expenses are the same as described above for Trip Cancellation/Interruption coverage.

### **4. Limitations Applicable to Cancel for Any Reason Coverage**

Cancel For Any Reason Coverage benefits are only subject to the following limitations (no other limitations or exclusions apply):

- a. If the Covered Person fails to notify the appropriate travel supplier(s) of the cancellation within 48 hours of becoming aware of the need to cancel, We will only pay the cancellation penalties to which the Covered Person was subject prior to the expiration of the 48 hour period. However, if the Covered Person is unable to notify the appropriate travel supplier within 48 hours because a medical condition prevents the Covered Person from doing so or asking someone else to make such notice, We will pay additional cancellation penalties caused by such delay if the Covered Person notifies the travel supplier as soon as reasonably possible.
- b. In the section on Terms That Apply To All Benefits, the subsection on Fraud shall apply to Cancel For Any Reason Coverage.]

## **C. [GLOBAL MEDICAL PROTECTION]**

### **1. Definition of Covered Trip**

In relation to Global Medical Protection coverage described below, Covered Trip means a trip that originates from the Covered Person's Permanent Residence for any length of time and that is of a distance greater than a [150]-mile radius from the Covered Person's Permanent Residence. If a trip exceeds [60] consecutive days, only the first [60] days of the trip will be covered under the Policy.

### **2. Emergency Medical and Dental Expense Benefit**

#### **a. Explanation of Emergency Medical Expense Benefits**

We will pay Medically Necessary costs up to [\$25,000] if a Covered Person suffers a Sickness or Accidental Injury occurring on a Covered Trip, subject to the limitations and exclusions described in this Certificate. Such Medically Necessary expenses shall be paid at a Reasonable and Customary rate and must be for:

- (1) treatment by a Physician acting within the scope of his or her license;
- (2) medical services provided in a Hospital;
- (3) emergency prescriptions that directly relate to the Accidental Injury or Sickness suffered while on the Covered Trip; or
- (4) the use of an Ambulance within 48 hours of the initial Occurrence of the Accidental Injury or Sickness.

In addition, the following provisions apply to the Medical Benefit:

- (1) the first expense must be incurred outside of the [150]-mile radius from the Covered Person's Permanent Residence;
- (2) care must be received from a medical provider authorized by Us;
- (3) the Covered Person may use the 24-Hour Travel Assistance Hotline benefit to help locate a Physician or medical facility;
- (4) if the Covered Person is admitted to a Hospital or clinic as an inpatient, the Covered Person must make an effort to notify Us within 48 hours of admission or as soon as reasonably possible, in order to confirm the conditions of coverage;
- (5) the Covered Person must ask the treating Physician or facility to contact Us immediately so We can confirm coverage and arrange direct payment of the covered medical expenses; and

- (6) all benefits for medical care, including medical surgery, cease at the earlier date of when Your Covered Trip ends or when Your coverage terminates under the Policy.

#### **b. Explanation of Emergency Dental Expense Benefit**

We will pay Medically Necessary costs up to [\$750.00] if a Covered Person suffers an Accidental Injury or Sickness during a Covered Trip that requires Medically Necessary dental care performed by a Dentist acting within the scope of his or her license. This dental care benefit is subject to the limitations and exclusions described in this Certificate. Such Medically Necessary costs are only payable for treatment of natural teeth, including infection, repairing damage to the tooth's surface or loss of a filling.

In addition, the following provisions apply to the Dental Benefit:

- (1) the first expense must be incurred outside of the [150]-mile radius from the Covered Person's Permanent Residence;
- (2) care must be received from a dental provider authorized by Us;
- (3) the Covered Person may use the 24-Hour Travel Assistance Hotline benefit to help locate a dental facility;
- (4) all benefits for dental care, including dental surgery, at the earlier date of when Your Covered Trip ends or when Your coverage terminates under the Policy [; and]
- (5) damage to crowns or to cosmetic dentistry (such as porcelain veneers) benefits, are not covered [; and]
- (6) [the Covered Person must pay a [\$50] deductible before We pay for Medically Necessary dental care on a Covered Trip.]

### **3. Emergency Medical Evacuation/Repatriation Benefit**

An amount of insurance up to [\$25,000] as selected by You and shown in the Schedule of Benefits will be provided as Emergency Medical Evacuation/Repatriation coverage, as described below. This benefit is in excess of other sources of insurance payable to the Covered Person.

#### **a. Evacuation**

If the Covered Person suffers from a Sickness that first manifests itself, or from an Accidental Injury that occurs, while on a Covered Trip and requires Medically Necessary treatment, We will arrange and pay Reasonable and Customary services required for

evacuation to the nearest adequate medical facility. This service will be arranged only if the Covered Person's Attending Physician determines that adequate medical treatment is not locally available. Medically Necessary treatment must then be performed by a provider designated by Us. For a list of designated providers, please contact Us at [1-800-332-4899] within the United States or collect to [1-(303)-273-6497] from anywhere else. Timely notification by the Covered Person to Us is required.

Medical evacuation services will be provided by a medical transportation specialist or, if appropriate, by Scheduled Airline or Common Carrier Conveyance. Transportation will be arranged upon authorization from both the Covered Person's Attending Physician and a medical provider authorized by Us who concurs that the Covered Person is experiencing a Sickness or Accidental Injury, and is in need of evacuation. When the Covered Person is confined in a medical facility more than [150] miles from a Permanent Residence and the Attending Physician and Our medical provider determine it is feasible and Medically Necessary to transfer the Covered Person to a medical facility nearer a Permanent Residence to recuperate in familiar surroundings, medical evacuation for the Covered Person will be provided.

If We have previously evacuated the Covered Person to a medical facility and the medical provider designated by Us determines that it is Medically Necessary for the Covered Person to be returned to the point of departure, We will pay the Covered Person's medical evacuation airfare or Common Carrier Conveyance costs from that facility to the Covered Person's return destination within one year from the Covered Person's original Covered Trip Conclusion Date, less refunds from the Covered Person's unused transportation tickets. This benefit will be provided only if the medical provider designated by Us determines that the Covered Person's medical condition will not substantially change within [7] days following Hospital discharge or completion of treatment, thereby allowing the Covered Person to complete the Covered Trip as originally planned. Airfare costs will be of the same class as the Covered Person's original tickets. We will not pay for services arranged without Our prior consent or approval.

**b. Repatriation of Mortal Remains**

When death occurs while on a Covered Trip We will pay the Reasonable and Customary expenses for the preparation and transportation of the Covered Person's remains or ashes to the commercial airport nearest the Covered Person's Permanent Residence. In no event will We pay more than the enrolled benefit amount. We must approve this service in advance.

**c. Visitor To Covered Person's Bedside**

We will pay for economy class round trip transportation to the Covered Person's bedside for one person in the event a Physician determines Hospital care of [5] days or more is warranted for the Covered Person during a Covered Trip. We must approve this service in advance.

**d. Change of Flight**

Should the Covered Person suffer an Accidental Injury or Sickness while on a Covered Trip which leaves him/her confined to a Hospital, and if due to this he/she is unable to return to his/her point of origin on the date originally scheduled, We will pay up to \$[100] for domestic flights and up to \$[200] for international flights associated with a ticket change for the Covered Person's flight. This coverage will be payable on tickets which have a scheduled return date. This benefit does not cover conditions or events that, on the date the Covered Person left, are either known or known to likely occur.

**4. Proof of Loss under Global Medical Protection**

In addition to following the Proof of Loss requirements in the section on Terms That Apply To All Benefits, under the subsection on Claims, a Covered Person shall allow the Company, at its expense, to examine the Covered Person as often as is reasonable while the Covered Person's claim is pending. The Company may also have an autopsy performed where it is not forbidden by law.

**5. Our Payment of Claims Under Global Medical Protection**

We will pay claims under these Global Medical Protection benefits within [45] days after receipt of a complete Proof of Loss payable under the terms of this Policy, as described in the section on Terms That Apply To All Benefits, in the subsection on Claims.

**6. Exclusions and Limitations Applicable to the Global Medical Protection**

In addition to the General Exclusions And Limitations described in the Terms That Apply To All Benefits section of this Certificate, the following exclusions or limitations apply to this benefit.

**a. EXCESS to other coverage.**

All benefits under this Global Medical Protection coverage are excess coverage as described in the section on Terms That Apply To All Benefits, under the General Limitations And Exclusions. This means that any other health, medical, dental or accident

insurance coverage the Covered Person may have available to him/her is primarily responsible for paying benefits covered under this Certificate and we pay for expenses not covered by these other coverages, subject to other limitations and exclusions described in the Certificate. If We pay benefits to cover expenses incurred during a Covered Trip, We reserve the right to seek reimbursement from the Covered Person's other health, medical, dental or accident insurance plans. Covered Persons must cooperate with Us if We seek to recover expenses from their primary health, medical, dental or accident insurance carrier.

**b. We will not pay either emergency medical or dental benefits, or emergency evacuation and repatriation benefits, for:**

- (1) procedures We consider experimental;
- (2) benefits which the Covered Person is entitled to under any Worker's Compensation act;
- (3) any surgical, dental or medical treatment which, in the opinion of the Attending Physician, can reasonably be delayed until the Covered Person returns to or arrives at his or her Permanent Residence;
- (4) any treatment or medication which at the time of departure is required to be continued during the Covered Trip;
- (5) any repatriation of mortal remains costs not authorized by Us;
- (6) the additional cost of a single or private room at a Hospital except when the Physician treating the Covered Person considers it Medically Necessary;
- (7) any dental appliance, any dental or medical prosthesis, hearing aids;
- (8) contact or corneal lenses, or prescription glasses or spectacles, including any examination of the eyes for these purposes;
- (9) cosmetic surgery, except surgery that is reconstructive, incidental and related to an Accidental Injury or Sickness;
- (10) foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
- (11) rest, spa or bath cures, nursing homes for custodial care or other custodial care facilities;
- (12) any transportation other than the medical evacuation/repatriation arranged by Us or use of an Ambulance within 48 hours of the initial Occurrence of the Accidental Injury or Sickness;
- (13) more than the enrolled benefit amount, as indicated on the Schedule of Benefits;
- (14) any surgical, medical treatment, or complications due to either treatments

planned or scheduled prior to the Covered Trip Departure Date and received on the Covered Trip;

- (15) acupuncture and services related to acupuncture;
- (16) biofeedback and other forms of self-help or self-care, including related diagnostic services;
- (17) homeopathic, naturopathic or aroma therapy treatments; or
- (18) care in connection with the detection and correction, by manual or mechanical means, of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

**c. Benefits limited to Covered Person who is injured or sick**

Expenses will be paid only for the Covered Person suffering from an Accidental Injury or Sickness. No benefits will be paid for transportation or expenses for any person other than the Covered Person suffering from an Accidental Injury or Sickness;

**d. We will not pay emergency medical and dental expenses for a condition:**

- (1) for which a Covered Person is either receiving or on a waiting list to receive treatment;
- (2) with respect to which a Covered Person has received a terminal prognosis; or
- (3) which has caused a medical practitioner to advise against traveling or for which the Covered Trip is undertaken solely for the purpose of obtaining medical treatment.]

**D. [GLOBAL TRIP DELAY**

**1. Definition of Covered Trip**

In relation to Global Trip Delay coverage as described below, Covered Trip means a trip:

- a. Taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person's ticket, receipt or other evidence acceptable to Us; and
- b. On a Scheduled Airline.

**2. Explanation of Benefits**

We will reimburse the Covered Person for Covered Expenses incurred when no alternative onward

transportation is made available to the Covered Person within [6] hours or by [11:00 p.m.] of the same day (in the time zone of the missed connections, delayed transportation, cancellations or denied Boarding), whichever occurs first, as a result of:

- a. The Covered Person's confirmed onward connecting Scheduled Airline flight for a Covered Trip being missed at the transfer point due to the late arrival of the Covered Person's incoming confirmed connecting Scheduled Airline flight;
- b. The departure of a Covered Person's confirmed Scheduled Airline flight for a Covered Trip from any airport being delayed or cancelled; or
- c. The Covered Person being denied Boarding of the aircraft due to overbooking.

Payment will not exceed \$[[150] per day up to] Our aggregate limit of \$[750] per Covered Trip. Coverage will be provided for only one Occurrence per Covered Trip.

### **3. Covered Expenses for Trip Delay Coverage**

For the purposes of Trip Delay coverage, covered expenses mean:

- a. Hotel accommodations;
- b. Transportation;
- c. Food; and
- d. Necessities, which include, on an emergency basis, personal articles and Business Effects.

[Total covered expenses may not exceed the per day limit and must be necessary and reasonable.]

### **4. Proof of Loss**

When providing Proof of Loss as described in the section on Terms That Apply To All Benefits, under the subsection on Claims, requested documentation may include, but may not be limited to:

- a. Detailed hotel accommodation receipt(s);
- b. Proof of Permanent Residence;
- c. A copy of the Scheduled Airline ticket that includes the original booked ticket and the changed scheduled ticket;
- d. Proof of the trip delay (such as a letter from a Scheduled Airline, newspaper clipping, weather report, police report or other evidence and proof of the expenses claimed as a result of the trip delay); or
- e. Any other necessary expense receipts.

### **5. Exclusions and Limitations Applicable to Trip Delay**

All benefits under this Trip Delay benefit are EXCESS coverage as described in the section on Terms That Apply To All Benefits, under the General Limitations And Exclusions. In regards to the Trip Delay benefit, this means that the claim can be determined and paid only after the claim has been settled with and paid or denied by the Scheduled Airline responsible for the loss. If the Scheduled Airline pays the claim in full, such claim will not be subject to reimbursement under this benefit.

Coverage will not be provided for the denied Boarding of a Scheduled Airline due to overbooking when the Covered Person voluntarily denies Boarding the flight in exchange for an offer/coupon by the Scheduled Airline.]

### **E. GLOBAL BAGGAGE PROTECTION**

#### **1. Covered Trip**

In relation to Global Baggage Protection coverage as described below, Covered Trip means a trip:

- a. Taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person's ticket, receipt or other evidence acceptable to Us; and
- b. On a Scheduled Airline, Common Carrier Conveyance or by other means of transportation.

#### **2. Explanation of Benefits**

We will pay the benefits described below if the Covered Person's Baggage is unexpectedly and unintentionally lost, damaged or stolen while on the Covered Trip, provided the Covered Person has taken all necessary precautions to preserve, protect and recover the property insured.

##### **a. Carry-on and Checked Baggage Benefit**

This benefit is paid for the Replacement Cost up to \$[2,000] for Baggage while the Covered Person is riding in a Common Carrier Conveyance or Scheduled Airline while on a Covered Trip. Bicycles are covered when checked as Baggage with a Scheduled Airline or Common Carrier Conveyance. In the event of a covered claim for Carry-on and Checked Baggage benefit, We will pay the lesser of:

- (1) the actual purchase price of the item;
- (2) the Replacement Cost of the item at the time of loss; or
- (3) 75% of the Replacement Cost of the item at the time of loss, if the Covered Person cannot provide us with an original, duplicate or



replacement receipt for the item used to replace the lost, damaged or stolen item.

See the paragraphs in this subsection below on Exclusions and Limitations Applicable to Global Baggage Protection for important conditions to how We pay these benefits.

**b. [Delayed Checked Baggage Benefit**

This benefit reimburses up to \$[500] for the cost of replacing or renting, on an emergency basis, necessary personal articles and Business Effects contained in a Covered Person's accompanying checked Baggage when the checked Baggage is not delivered, due to fault by the Common Carrier Conveyance or Scheduled Airline, within [6] hours of the Covered Person's arrival at their destination. Such emergency purchases or rentals must be made prior to arrival of the delayed checked Baggage at the destination and within the region serviced by the transportation service location. Bicycles are covered when checked as Baggage with a Scheduled Airline or Common Carrier Conveyance. See the paragraph in this subsection below on Exclusions and Limitations Applicable to Global Baggage Protection for important conditions on Our payment of these benefits.]

**c. Other Means of Transportation Benefit**

Benefits will be paid for the Replacement Cost of personal property and Business Effects if a loss occurs while in a personal or rented vehicle on a Covered Trip. This benefit pays up to \$[2,000]. In the event of a covered claim under this benefit, We will pay the lesser of:

- (1) the actual purchase price of the item;
- (2) the Replacement Cost of the item at the time of loss; or
- (3) 75% of the Replacement Cost of the item at the time of loss, if the Covered Person cannot provide Us an original, duplicate or replacement receipt for the item used to replace the lost, damaged or stolen item.

See the paragraphs in this subsection below on Exclusions and Limitations Applicable to Global Baggage Protection for important conditions to how We pay these benefits.

**d. Hotel/Motel Personal Property Benefit**

Benefits will be paid for the Replacement Cost to personal property and Business Effects if a loss occurs anywhere on the premises of a hotel or motel where the Covered Person is staying as a paying registered guest. Coverage is available when the Covered Person is staying at any hotel or motel immediately before leaving on, during, or immediately after arriving from a Covered Trip. This benefit pays up to \$[2,000]. In

the event of a covered claim under this benefit, We will pay the lesser of:

- (1) the actual purchase price of the item;
- (2) the Replacement Cost of the item at the time of loss; or
- (3) 75% of the Replacement Cost of the item at the time of loss, if you do not have an original, duplicate or replacement receipt for item used to replace the lost, damaged or stolen item.

See the paragraphs in this subsection below on Exclusions and Limitations Applicable to Global Baggage Protection for important conditions to how We pay these benefits.

**3. Notice of Claim and Proof of Loss**

The Covered Person shall provide Notice of Claim and Proof of Loss to Us as described in Terms That Apply To All Benefits, under the subsection on Claims. In addition to those requirements a Covered Person must take the following steps when submitting a claim for Global Baggage Protection benefits:

**a. Carry-on Baggage Benefit**

- (1) the Covered Person must promptly file a written report of the loss or damage with a local law enforcement agency and obtain a copy of the report;
- (2) if the loss occurred while the Baggage was on a Common Carrier Conveyance or a Scheduled Airline, the Covered Person also must file a report with the Common Carrier Conveyance or Scheduled Airline before leaving the premises of the airport or station and obtain a copy of the report;
- (3) the Covered Person must then submit a Notice of Claim as described in the section on Terms That Apply To All Benefits, under the subsection on Claims, to obtain a claim form and instructions; and
- (4) the Covered Person must then complete and sign the baggage claim form and return it with the form's requested documentation of loss. The claim form must be filed as soon as possible, but no later than [60] days following the date of loss.

**b. Checked Baggage Benefit**

- (1) the Covered Person must file a report with the Scheduled Airline or Common Carrier Conveyance before leaving the premises of the airport or station and obtain a copy of the report; and
- (2) the Covered Person then must follow Notice of Claim and Proof of Loss procedures as

described above in steps (3) and (4) under the Carry-on Baggage benefit.

**c. [Delayed Checked Baggage Benefit]**

- (1) the Covered Person must promptly file a delayed checked Baggage report or Property Irregularity Report with the Common Carrier Conveyance or Scheduled Airline before leaving the premises of the airport or station and obtain a copy of the report;
- (2) the Covered Person must allow [6] hours from the time of arrival at the Common Carrier Conveyance or Scheduled Airline destination for delivery of the delayed checked Baggage. If the delayed checked Baggage is not received within [6] hours, the Covered Person may purchase or rent clothing, toiletries or other necessary replacement articles on an emergency basis up to a limit of \$[500]. Receipts for such purchases and rentals must be furnished when presenting the claim; and
- (3) the Covered Person must then follow Notice of Claim and Proof of Loss procedures as described above in steps (3) and (4) under the Carry-on Baggage benefit.

If a claim is made and a settlement received under Delayed Checked Baggage, the Covered Person cannot also make a claim, for the same or similar items not recovered, under the Checked Baggage benefit.]

**d. Hotel/Motel Personal Property Benefit**

- (1) the Covered Person must promptly file a written report of the loss or damage with the hotel/motel or with a local law enforcement agency, and obtain copies of the report(s); and
- (2) the Covered Person must then follow Notice of Claim and Proof of Loss procedures as described above under steps (3) and (4) under the Carry-on Baggage benefit.

**e. Other Means of Transportation Benefit**

- (1) the Covered Person must promptly file a written report of the loss or damage with a local law enforcement agency, and obtain copies of the report(s); and
- (2) the Covered Person must then follow Notice of Claim and Proof of Loss procedures as described above under steps (3) and (4) under the Carry-on Baggage benefit.

**5. Exclusions and Limitations Applicable to Global Baggage Protection**

In addition to the exclusions described in the section on Terms That Apply To All Benefits, under the General Exclusions And Limitations, the following exclusions and limitations apply to the Global Baggage Protection benefits:

**a. Limitation on Benefits**

We will pay benefits as stated in this subsection above in the paragraphs on Explanation of Benefits in accordance to each applicable limitation:

- (1) **Per Article Limitation** We will pay a maximum of \$300 per article for which a Covered Person experiences a loss per Occurrence (meaning each replaced item will be reimbursed up to \$300);
- (2) **High-Risk Articles Limitation** In addition to the per article limitation, claim payments on High Risk Articles are subject to an aggregate maximum of \$500 per Occurrence; and
- (3) **[Annual Aggregate Limit** A Covered Person enrolled through the Annual Payment Plan, is subject to an aggregate limit of [\$5,000] per year.]

**b. Other Exclusions Applicable to Global Baggage Protection**

We will not pay benefits if the loss for which the coverage was sought was directly or indirectly, wholly or partially, contributed to or caused by:

- (1) any act by customs or other governmental authorities, whether by voluntary consent or by confiscation or requisition (except the Transportation Security Administration);
- (2) a mysterious disappearance (where there is an unknown time, place and manner of loss); or
- (3) defective workmanship, normal wear and tear and gradual deterioration.

**c. Articles Excluded from Global Baggage Protection Coverage:**

- (1) umbrellas, hats, personal effects worn on the Covered Person at the time of loss, keys;
- (2) cash or its equivalent; notes, accounts, bills, currency, deeds, food stamps or other evidences of debt or intangible property, credit cards and other travel documents (including passports and visas);
- (3) securities;
- (4) tickets and documents;
- (5) eyeglasses, sunglasses, contact lenses; hearing aids, artificial teeth and limbs; prescription or non-prescription drugs;
- (6) food;
- (7) plants and animals;

- (8) automobiles and equipment; motorcycles and motors; aircraft, boats or other conveyances; or
- (9) property shipped as freight or shipped prior to the Covered Trip Departure Date or check-in date.]

## F. [TRAVEL ACCIDENT PROTECTION

### 1. Covered Trip

In relation to Travel Accident Protection coverage Covered Trip means:

- a. A trip that begins at 12:01 a.m. on the Covered Trip Departure Date and ends at 12:01 a.m. on the date immediately following the Covered Trip Conclusion Date, unless an Accidental Death occurs prior to the travel; and
- b. If a Covered Person travels on a Covered Trip to a Temporary Residence, the trip will be covered only for the first 45 days and coverage will terminate at 12:01 a.m. on the 46th day of the trip, but coverage will resume at 12:01 a.m. on the date the Covered Person departs from the Temporary Residence to conclude the Covered Trip.

### 2. Explanation of Benefits

#### a. **Accidental Death or Dismemberment Benefit**

If a benefit amount is payable under When Benefits Are Payable (subsection below), We will pay the applicable benefit if a Covered Person suffers an Accidental Death or a Dismemberment. We will pay benefits for the greatest loss, either Accidental Death or one category of Dismemberment, sustained by the Covered Person as the result of any one Occurrence. The benefit amounts are reflected on Your Schedule of Benefits.

#### b. **When Benefits Are Payable**

- (1) **24-Hour Accidental Death or Dismemberment** This benefit is payable if the Covered Person suffers an Accidental Death or Dismemberment at any time beginning at 12:01 a.m. on the Covered Trip Departure Date and ends at 12:01 a.m. on the date immediately following the Covered Trip Conclusion Date which does not exceed 365 consecutive days from the date of departure, unless the Accident occurs before the Covered Person commences the trip. If the Covered Trip exceeds 365 consecutive days, We will cover only the first 365 days.

This benefit is not payable if the Accidental Death or Dismemberment benefits are

payable under the Scheduled Airline and Common Carrier Conveyance benefit described in the paragraph below and also is subject to applicable limitations and exclusions described in this Certificate. Benefits for Accidental Deaths or Dismemberments occurring on a Covered Trip are otherwise payable as provided on the table below, with an Accidental Death or Dismemberment payment a percentage of the total benefit payable per Occurrence.

- (2) **Scheduled Airline and Common Carrier Conveyance Benefit** During the Period of Coverage, this benefit is payable if the Covered Person suffers an Accidental Death or Dismemberment while Boarding, traveling in or Deplaning from a Scheduled Airline or Common Carrier Conveyance. Benefits are payable as provided on the table below, with an Accidental Death or Dismemberment payment a percentage of the total benefit payable per Occurrence.

## TRAVEL ACCIDENT PROTECTION BENEFIT TABLE

<i>Benefit</i>	<i>% per Occurrence</i>
<b><u>ACCIDENTAL DEATH</u></b> .....	100%
<b><u>DISMEMBERMENT</u></b>	
Loss of both hands or both feet.....	100%
Loss of one hand and one foot.....	100%
Loss of entire sight of both eyes.....	100%
Loss of the entire sight of one	
eye and one hand or one foot.....	100%
Loss of one hand or one foot.....	50%
Loss of the entire sight of one eye.....	50%

The Accidental Death or Dismemberment must occur within 100 days from the date of the Accident causing the Accidental Death or Dismemberment.

### 3. Provisions Applicable to Travel Accident Protection

#### a. **Exposure to the elements**

Coverage will be provided for an Accidental Death or Dismemberment as a result of the Covered Person being unavoidably exposed to the elements while on a Covered Trip because of the disappearance, sinking, or wrecking of a Scheduled Airline, or, in regards to the 24-Hour Accidental Death and Dismemberment benefits only, the disappearance, sinking or wrecking of a Scheduled Airline or Common Carrier Conveyance, car wreck or other unavoidable reason.

**b. Remains cannot be found**

If the Covered Person's remains cannot be found within 52 weeks after the date of an Accident involving the disappearance, sinking or wrecking of a Scheduled Airline on which the Covered Person was a passenger while on a Covered Trip, it will be presumed, subject to the absence of evidence to the contrary, that the Covered Person suffered Accidental Death covered by the Certificate. In regards to 24-Hour Accidental Death and Dismemberment benefits only, this provision applies to any circumstances in which the Covered Person's remains cannot be found, unless such circumstance is otherwise excluded by this Certificate.

**c. Coordinating benefits**

If a Covered Person is eligible for benefits under more than one type of Travel Accident Protection benefits under this Certificate, We will pay benefits for the greatest loss, either Accidental Death or one category of Dismemberment, sustained by the Covered Person as the result of any one Occurrence.

**d. Lump Sum Payment**

Accidental Death or Dismemberment benefits will be paid in a single, lump sum. There are no installment payment options for this benefit.

**e. Payment of Accidental Death Benefit to Beneficiaries**

An adult Covered Person other than Your Dependent may name a Beneficiary or change a Beneficiary at any time. For a Beneficiary designation to become effective, a written request on Our form for designating the Beneficiary must be completed and filed with Us. To obtain a Beneficiary Designation Form, please contact Us at [1-800-332-4899]. If the Covered Person dies prior to the date We receive and record the change, payment will be made to the new Beneficiary. Any Beneficiary designations or changes made will take effect as of the date of the signed request. The prior Beneficiary's interest ends the date the new designation takes effect.

If Your Dependent suffers an Accidental Death, You are always the Beneficiary.

If more than one Beneficiary is designated and the Covered Person has not specified the Beneficiaries' respective interests, the designated Beneficiaries will share equally. If no Beneficiary has been designated, or if the designated Beneficiary dies before the Covered Person and no other Beneficiary is named, the benefits will be paid to the surviving person, or equally to the surviving persons, in the first of the following classes in which there is a living member:

- (a) the Covered Person's Spouse or Domestic Partner;
- (b) the Covered Person's children, equally per stirpes; or
- (c) the Covered Person's estate.

In determining such person or persons, We may rely upon an affidavit by a member of any of the classes of preference Beneficiaries. Payment based upon any such affidavit will fully discharge Us from all obligations under the Policy unless, before such payment is made, We have received written notice of a valid claim by some other person. Any amount payable to a minor may be paid to the guardian of the estate of the minor.

If a benefit not exceeding \$1,000 is payable to an estate or a minor, We may pay such benefit to any relative by blood or with a connection by marriage to the Covered Person who is deemed by Us to be entitled. Any payment We make in good faith shall fully discharge Us to the extent of such payment.

**f. Proof of Loss Under Travel Accident Protection**

In addition to following the Proof of Loss requirements under Terms That Apply To All Benefits, under the subsection on Claims, a Covered Persons shall allow the Company, at its expense, to examine the Covered Person as often as is reasonable while the Covered Person's claim is pending. The Company may also have an autopsy performed where it is not forbidden by law.

**g. Timing of Our Payment of Claims Under Travel Accident Protection**

We will pay claims under Travel Accident Protection benefits within [45] days after receipt of a complete Proof of Loss, as described in the section on Terms That Apply To All Benefits, in the subsection on Claims.

**4. Exclusions and Limitations Applicable to Travel Accident Protection Coverage**

In addition to the exclusions and limitations described in the General Limitations And Exclusions section of this Certificate, the following limitations and exclusions apply to Travel Accident Protection coverage:

**a. Maximum Accidental Death and Dismemberment Benefit Per Occurrence When Covered By More than One Policy Issued by the Company**

If the Covered Person is enrolled under other policies underwritten by AMEX Assurance Company that also

provide a benefit for Accidental Death and/or Dismemberment, the maximum sum payable to the Covered Person under all applicable policies for an Accidental Death and/or Dismemberment Loss is \$3,500,000. This does not preclude the Covered Person from receiving all entitled benefits other than Accidental Death and/or Dismemberment benefits, up to the maximum limit disclosed in the Certificate of Insurance, under other AMEX Assurance Company policies.

**b. Other Exclusions**

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by:

- (1) driving, riding as a passenger in, entering or leaving a rental vehicle except for the 24-hour Accidental Death & Dismemberment benefit; or
- (2) any Sickness.]

#### **IV. TRAVEL ASSISTANCE AND OUR 24-HOUR HOTLINE**

All Covered Persons under the Policy are eligible to use the 24-Hour Travel Assistance Hotline services described below:

**1. Emergency Assistance**

If a Covered Person needs emergency assistance for a covered Occurrence under the Policy, the Covered Person can call [1-800-332-4899], 24 hours a day, 7 days a week within the United States, or call collect at [1-303-273-6497] from anywhere else. Please have readily available the Identification Number of this Certificate, a local telephone number, location and details of the situation. We will confirm the Covered Person's eligibility and assist the Covered Person with the situation. If the Covered Person is unable to get through to Us when calling collect, dial directly at [1-303-273-6497]. The assistance coordinator will take the Covered Person's telephone number and return his/her call.

If the Covered Person's emergency needs immediate attention, he/she should acquire local assistance and then contact the Travel Assistance Hotline as soon as the Covered Person is reasonably able to do so. The Travel Assistance Hotline provider will do everything possible to assist the Covered Person immediately upon calling. Unfortunately, there are occasional situations beyond Our control that make providing support difficult. Our assistance providers will make every possible attempt to service the Covered Person during his or her emergency. Our assistance provider's

staff will do its very best to refer the Covered Person to appropriate and reputable providers located nearest him or her. However, neither We nor Our assistance provider can be held liable for the outcome or quality of the care the Covered Person receives from these independent practitioners.

**2. Pre-trip Planning**

Pre-trip Assistance – Before a Covered Person leaves on a Covered Trip, We can provide him or her information on the particular country to which he or she will be traveling, such as passport/visa requirements, inoculations, and travel warnings known to Us.

Consulate/Embassy Referral – We will provide the Covered Person the address and/or phone number of the local embassy or consulate.

Weather Inquiry – This benefit provides the Covered Person with weather forecasts for destinations around the world. We can provide month-to-month averages as well as a short-term detailed forecast.

Foreign Exchange Rates – We are able to provide timely foreign exchange rates throughout the world.

Visa/Passport Requirements – We can provide the Covered Person with the entry requirements for destinations around the world.

Inoculation Information – We will provide the Covered Person with inoculation recommendations that may be needed prior to traveling to his or her destination.

**3. Basic Inquiries**

Basic Inquiry – We will field calls from the Covered Person about contact numbers, general questions and any other non-emergency questions.

Benefits Inquiry – If the Covered Person should have questions about specific benefits of this service, We will provide the information requested.

Service Only – If the Covered Person is in need of a general service that is not specifically listed, but is still attainable, We will do Our best to provide this service.

**4. Financial Assistance**

Alternate Cash Source – We are capable of locating ATM's around the United States and in many foreign cities.

**5. Medical Assistance**

### **LEVEL I (MEDICAL REFERRAL)**

Medical Referral – If an emergency occurs during a Covered Trip that requires the Covered Person to seek urgent and immediate medical advice, the Covered Person should contact the 24-Hour Hotline Travel Assistance to obtain the names and telephone numbers of local qualified Physicians or Dentists that speak his/her language in the area. We are not providing medical advice but rather information. The ultimate choice to seek and accept medical care is the Covered Person's responsibility.

### **Level II (MEDICAL MONITORING)**

Medical Monitoring – If the Covered Person is hospitalized when traveling away from his or her Permanent Residence, Our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the Covered Person and his or her Attending Physician, family Physician and family. Our medical advisors also help determine if adequate care is available locally, and if necessary, facilitate the evacuation of the Covered Person to the nearest appropriate medical facility.

### **6. Other Assistance Services**

Lost Baggage/Document Assistance – We assist with the return of lost baggage by coordinating with the commercial carrier.

Legal Referral – We will provide the Covered Person with convenient legal referrals in his/her general area. The ultimate choice to seek and accept legal advice is the Covered Person's responsibility.

Urgent Message Relay – We will provide for the contact of family and/or friends in the event of an emergency situation while the Covered Person is traveling.

Telephone Interpretation/Translation – We provide emergency telephone translation services in major languages and also make referrals to interpreter services.

## **V. CHANGING YOUR BENEFITS**

If You would like to change the level of Your coverage, please contact Us at [1-800-332-4899]. The effective date for the change of coverage will be the next business day following Our receipt, acceptance and approval of the change and subject to the payment of any additional required premium. [Changes to the Designated Trip Payment Plan will not be honored unless placed prior to the Covered Trip Departure Date and approved by Us. For the Designated Trip Payment Plan the premium is refundable up to 14 days after the

initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first. The premium is non-refundable anytime after the 14th day from the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first.]

[If enrolled in the Annual Payment Plan, the following billing procedures apply if benefits are changed:

1. **Coverage upgrades-** a pro rata premium charge will be assessed to Your Account upon the date You elect to upgrade Your coverage.
2. **Coverage downgrades or cancellation-** Your premium refund will be calculated pro rata and assessed to Your Account upon the date You elect to terminate or downgrade Your coverage.]

## **VI. TERMS THAT APPLY TO ALL BENEFITS**

### **A. GENERAL PROVISIONS, INCLUDING PREMIUMS AND CLAIMS**

#### **1. Premiums**

Premiums will be determined for each Covered Person listed on the Schedule of Benefits.

#### **[Designated Trip Payment Plan]**

The applicable single-trip premium will be due prior to the Covered Trip Departure Date.]

#### **[Annual Payment Plan]**

The applicable annual premium charge will be billed to Your Account on Your annual enrollment anniversary date.

#### **Applicable to Enrollees of Global Medical Protection**

A Covered Person's Annual Payment Plan premium will increase on their next annual renewal date following the attainment of age 66.]

**[Change in premiums:** If You pay premiums through an Annual Payment Plan, We have the right to change the premium rates if we provide You notice at least [31] days before the premium is due. The premium rates may also be changed at any time that the terms of the Policy are changed.]

**[Grace Period:** If You pay premiums through an Annual Payment Plan, all benefits listed under the Certificate have a [31]-day grace period for the payment of each premium due after the first premium. The grace period begins on the premium due date. Premium will accrue during the grace period, and You are liable for such accrued premium. When a claim is

paid for a loss incurred during the grace period, any premium due and unpaid may be deducted from the claim payment. There is no grace period if We advise You of non-renewal or cancellation.]

**[Reinstatement:** If You pay premiums through an Annual Payment Plan and We terminate insurance for nonpayment of premium, You may reinstate coverage within [90] days following the last unpaid premium due date. You must pay all overdue premiums. The reinstated plan will not cover a loss that occurred during the lapse period. We may issue You a new Certificate upon reinstating Your coverage.]

## **2. Claims**

If a Covered Person experiences a loss for which he or she believes a benefit is payable under this Plan, You or the affected Covered Person must provide both Notice of Claim and Proof of Loss.

### **a. Notice of Claim**

Notice of Claim should be provided to Us within [30] days of the loss. The notice must contain the Covered Person's name, the identification number on this Certificate and a brief description of the loss and associated expenses. Covered Persons may contact Us by calling toll-free stateside [1-800-332-4899] or, if from overseas, by calling collect [1-303-273-6497]. Covered Persons may also write to Us at [American Express Travel Insurance, P.O. Box 981553, El Paso, TX 79998-9920]. **Some benefits may require sooner Notice of Claim. Please review if there is a Notice of Claim provision under the Description Of Benefits section in connection with each type of benefit of this Certificate for additional instructions, if any, for submitting a Notice of Claim.**

Failure to provide Notice of Claim within [30] days will not invalidate a claim or reduce any benefit payment that may be found to be eligible, if notice was provided to Us as soon as reasonably possible. No claim will be denied based upon the failure to provide notice within such specified time, unless this failure operates to prejudice Us.

### **b. Claim Forms**

At the time a Covered Person provides Us with Notice of Claim, We will assist with the Proof of Loss by providing instructions and/or forms for the Covered Person to complete and return to Us. If We do not send the forms within [15] days after We receive Notice of Claim, the Covered Person may meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss in accordance with the Proof of Loss provision below.

Covered Persons must cooperate with Us and provide forms and/or documentation as requested by Us which is required and necessary to process the claim and determine if benefits are payable.

### **c. Proof of Loss**

Proof of Loss requires You or the affected Covered Person to send Us all information We request, at Your or the Covered Person's expense, in order that the claim may be evaluated and that We may make a determination as to whether the claim may be paid. The Proof of Loss documentation may be mailed to Us at the same address provided above for mailing the Notice of Claim.

You or the affected Covered Person must provide Us with satisfactory Proof of Loss within [90] days after the date of loss, or as soon as reasonably possible thereafter if the claim cannot be reasonably submitted within [90] days.

Proof of Loss for any Covered Trip must include the Covered Trip Departure Date and the Covered Trip Conclusion Date, as evidenced by the Covered Person's ticket, the Schedule of Benefits, or the enrollment form or, if none of these documents are available, other verification acceptable to Us.

**Please review Proof of Loss provisions under the Description Of Benefits section in connection with each type of benefit of this Certificate for additional instructions, if any, about what We will need for a Proof of Loss relating to the benefit.**

It is Your responsibility to provide all required documentation We request. We reserve the right to request all information We deem necessary to determine that Your claim is payable, and We will not consider that We have received complete Proof of Loss until all information We have requested is received. If the claim is for a continuing loss for which We make periodic payments, the claimant must give Us written Proof of Loss within [90] days after the end of each period for which benefits are payable.

### **d. Our Payment of Claims**

Claims for benefits will be paid in accordance with state regulations when written Proof of Loss is received. Benefits that provide for periodic payment will be paid monthly. All benefits are paid directly to the Covered Person, except for medical benefits which may be paid directly to the provider of medical services or Accidental Death benefits which will be paid to the Covered Person's Beneficiary. Any payment that We make in good faith will fully discharge Us to the extent of that payment.

### **3. Other General Terms**

#### **a. Change in Permanent Residence**

You must notify Us within 30 days after You change Your Permanent Residence. If the change is to a different state, We may need to adjust the terms of Your coverage (including Your rates) to conform to the requirements of that state.

#### **b. Clerical Error**

A clerical error made by the Company will not invalidate insurance otherwise validly in force nor continue insurance not validly in force.

#### **c. Conformity with State and Federal Law**

If a Plan provision does not conform to applicable provisions of State or Federal law, the Plan is hereby amended to comply with such law.

#### **d. Entire Contract; Representation; Change**

This Certificate, the Policy and any applications, endorsements or riders make up the entire contract. Any statement You make to Us in the application or elsewhere is a representation and not a warranty. This means that You make a statement to the best of Your knowledge based on facts known to You at the time. However, You are not warranting that such statement will remain true in the future. This Certificate may be changed at any time by written agreement between the Master Policyholder and the Company. Only the President, Vice-President or Secretary of the Company may change or waive the provisions of the Certificate. No agent or other person may change the Certificate or waive any of its terms. This Certificate may be changed at any time by providing notice to You. A copy of the Policy will be maintained and kept by the Master Policyholder and may be examined at any time.

#### **e. Fraud**

If any request for benefits made under the Plan is determined to be fraudulent, or if any fraudulent means or devices are used by You or by any Covered Person to obtain benefits, all benefits will be denied.

We do not provide coverage to You or a Traveling Companion who, whether before or after a loss, has:

- (1) concealed or misrepresented any fact upon which we rely, if the concealment or misrepresentation is material and is made with the intent to deceive; or
- (2) concealed or misrepresented any fact if the fact misrepresented contributes to the loss.

We may terminate this Certificate for fraud or misrepresentation relating to enrollment or filing

claims. See section on Termination Or Cancellation Of Coverage below under subsection on Grounds For Termination.

#### **f. Legal Actions**

No legal action may be brought to recover against this Plan until [60] days after Proof of Loss has been received by Us. Any action against Us must be brought within the time allowed by law after the time written Proof of Loss is required to be given, or if the action involves a denied claim, after the claim is denied.

#### **g. Liberalization Clause**

If We make a change which broadens coverage under this edition of the Policy without additional premium charge, that change will automatically apply to the Covered Person's coverage as of the date We implement the change in Your state, provided that this implementation date falls within [60] days prior to or during the Period of Coverage described in the Schedule of Benefits.

This clause does not apply to changes implemented through introduction of a subsequent edition of the Policy.

#### **h. Misstatement of Age**

If premiums for the Covered Person are based on age and the Covered Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

#### **i. Right of Recovery**

If We make a payment to a Covered Person under this Plan and the Covered Person recovers an amount from another, equal to or less than Our payment, the Covered Person shall hold in trust for Us the proceeds of the recovery and reimburse Us to the extent of Our payment. If Our payments exceed the maximum amount payable under the benefits of this Plan, We have the right to recover from the Covered Person any amount exceeding the maximum amount payable. Provided however, Our rights to recovery under this subsection shall apply only to the extent any such recovery would represent funds received by You that exceed the amount necessary to fully compensate You for Your loss.



**j. Subrogation**

In the event of any payment under this Policy, We shall be subrogated to the extent of such payment to all the Covered Person's other rights of recovery. The Covered Person shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable Us to effectively bring suit or otherwise pursue subrogation rights in the Covered Person's name. The Covered Person shall do nothing to prejudice such subrogation rights.

**B. GENERAL LIMITATIONS AND EXCLUSIONS**

**1. Excess Coverage**

If any loss under this Policy and Certificate is insured under any other valid and collectible policy, this Policy shall cover such loss, subject to its exclusions, conditions, provisions and other terms herein, **only to the extent that the amount of such loss is in excess of the amount of such other insurance which is payable or paid. This limitation applies to all benefits unless otherwise provided above in regards to a specific benefit in the Description Of Benefits section.**

**2. When a Covered Person has Coverage under similar American Express Products**

A Covered Person may be covered for similar benefits under different American Express Products. If both products state that the similar benefits are either primary or that the benefits are excess, the product with the lower level of benefits will pay first and the other product will provide excess coverage.

**3. When a Covered Person purchases a Covered Trip with Frequent Flyer Points or other travel credits**

Benefits under this Certificate are available only for travel expenses paid for in cash or the equivalent to cash, such as through use of a credit or debit card, or when American Express Membership Rewards Points are used in the Pay with Points program. Benefits are not available for travel purchased with travel award credits such as frequent flyer points issued by Scheduled Airlines, vouchers or coupons issued by hotels or rental car companies or similar programs, including such credits purchased by exchanging American Express Membership Rewards Points for such credits.

**4. Multiple Certificates of Insurance under this Policy for a Covered Trip**

This Certificate takes the place of any Certificate of Insurance previously issued to You under the Policy. You or any Covered Person may qualify under only one Certificate of Insurance issued under the Policy for each Covered Trip. If any Covered Person is insured at the same time under more than one Certificate, We will consider that person to be insured under the Certificate that provides the greatest amount of coverage as shown on the Schedule of Benefits for the Certificate. Upon discovery of the duplication, We will refund any duplicated premium payments that may have been made on behalf of a Covered Person. The records maintained by the Master Policyholder shall determine the insurance provided under the Policy for any Covered Person. [With respect to Annual Payment Plan Enrollees, duplicate or multiple enrolled Accounts shall not obligate Us to pay more than one benefit limit per Occurrence covered under each applicable enrolled benefit selected.] The maximum amount We will pay for any one benefit is that which provides the greatest amount of coverage, as shown on the Schedule of Benefits.

**5. Preexisting Condition Exclusion**

There is no coverage for losses under this Certificate incurred because of a condition of a Covered Person, Family Member, Traveling Companion or Family Member of a Traveling Companion if, during the [90] days preceding and including the Coverage Effective Date:

- a. There was medical advice or treatment received or recommended by a Physician or Dentist for the condition;
- b. Symptoms of the condition were present which would have caused a prudent person to seek medical consultation, dental treatment, advice, examination or treatment; or
- c. If during such [90] day period the condition required taking newly prescribed medication or adjusted medication.

The exclusion does not apply to congenital anomalies of Dependent children who are Covered Persons, Family Members or Family Members of Traveling Companions. Routine examinations for physicals, dental check-ups or similar wellness care visits do not trigger the Preexisting Condition exclusion unless the treating Physician or Dentist diagnoses an injury from an Accident or a Sickness during the examination.

We will waive this Preexisting Condition exclusion in relation to a Covered Person if the Covered Person meets all of the following requirements:

- a. The Covered Person must be medically able to travel at the time the Policy premium is paid; and
- b. The premium under the Policy is paid within [14] days of making the first Covered Trip deposit;

If the Covered Person does not qualify to have the Preexisting Conditions exclusion waived, any Sickness that arises during the Covered Trip that is NOT related to a Preexisting Condition will be eligible for coverage under this Plan.

This exclusion is applicable to all Covered Persons, Traveling Companions, Family Members and Family Members of Traveling Companions, whether or not they are traveling.]

**6. Exclusions That Apply To All Benefits [Except Cancel For Any Reason Coverage]**

Benefits are not payable if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by:

- a. War or any act of war, whether declared or undeclared, or any other activity directly related to and occurring while in the service of any armed military force of any nation state recognized by the United Nations;
- b. Participation in a riot, civil disturbance, protest or insurrection;
- c. Violation of a criminal law, offense or infraction, whether cited or charged, by or on behalf of the Covered Person or Beneficiary;
- d. Being engaged or committing fraud, abuse, or illegal activity of any kind by the Covered Person or Family Member;
- e. Suicide or any attempt at suicide, intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury, or autoeroticism;
- f. Being under the influence of any drug, unless taken as prescribed or administered on the advice of a Physician;
- g. Consumption of alcohol at or in excess of the legal blood alcohol level in the state or locality in which the Accident occurred;
- h. Riding in any capacity in an aircraft other than as a fare-paying passenger on a Scheduled Airline or Common Carrier Conveyance;
- i. Riding or driving in any kind of race for prize money or profit;

- j. Participation in professional sporting events (including training);
- k. Pregnancy, resulting childbirth or abortion except to the extent coverage is required for Complications of Pregnancy;
- l. Cosmetic surgery, except surgery that is reconstructive, incidental and related to an Accidental Injury;
- m. Accidental Injury or Sickness covered under any state or federal workers' compensation, employer's liability or occupational disease law;
- n. Any mental or emotional condition, whether diagnosed or undiagnosed;
- o. Any addiction to drugs, alcohol, prescribed or non-prescribed medication, or any other substance;
- p. Voluntary ingestion, injection, or inhalation of any substance;
- q. Fighting, brawling, or injury from a firearm or knife or any other lethal instrument during a fight or brawl unless acting in self defense;
- r. Intentional exposure to Exceptional Danger except in an attempt to save human life;
- s. Confiscation by any governmental authority, public authority, or customs official; or
- t. Any injury received during or as a result of Commutation.

**VII. TERMINATION OR CANCELLATION OF COVERAGE**

**A. REASONS FOR TERMINATION OF COVERAGE OR END OF A COVERED TRIP**

**1. In regards to a specific Covered Trip.**

[For Covered Persons enrolled in a Designated Trip Payment Plan, coverage under the Certificate will terminate at 12:01 a.m. on the date immediately following the earliest of these events: ]

[For Covered Persons enrolled in an Annual Payment Plan, coverage under the Certificate will end with regard to a specific Covered Trip at 12:01 a.m. on the date immediately following the earliest of these events:]

- a. The Covered Trip Conclusion Date;
- b. The Covered Person completes the Covered Trip;
- c. The Covered Person reaches the final destination point on a one-way trip or arrival at the return destination on a round-trip;
- d. The Covered Trip is cancelled.

[For Covered Persons enrolled in an Annual Payment Plan, the events listed above result in coverage ending in regards to a specific Covered Trip, but do not terminate coverage under the Certificate.]

## 2. In General.

Coverage under the Certificate will end at 12:01 a.m. on the date immediately following any of these events, except as otherwise be provided in this paragraph or paragraph B.3 of this Section, below:

- a. The Covered Person's Permanent Residence is no longer within the 50 United States of America, the District of Columbia, or territories of the United States;
- b. You request termination of insurance;
- c. We determine that misrepresentation, non-disclosure or fraud in enrollment or claims presentation has occurred;
- d. The end of the period for which required premiums are due but not paid[,subject to the grace period described above in the section on Terms That Apply To All Benefits, in the subsection on Premiums];
- e. The Policy or any benefit under the Policy is cancelled; or
- f. We are unable to collect premium from Your Account.

In regards to paragraph e, above, if a Covered Person is on a Covered Trip at the time of termination, the Covered Person's coverage will not terminate until the end of the Period of Coverage for that Covered Trip as defined by this Certificate.

## B. REQUIREMENTS FOR TERMINATION

### 1. During initial [14] day review period

To cancel Your coverage during the initial [14] day review period, You either must:

Return the Certificate, with a request for termination to: AMEX Assurance Company [Attn: American

Express Travel Insurance, P. O. Box 471791, Tulsa, OK 74147-1792;] or

- a. Call our Client Service Department at [1-800-332-4899].  
[If enrolled in the Annual Payment Plan, the [14] day period is only applicable to the initial Certificate of Coverage received when You first enrolled in the Plan, and does not apply to any continuation of Annual Payment Plan coverage purchased by You.]

### 2. After initial [14] day review period, or by Participating Organization

- a. Any termination request after the [14] day review period will receive a pro-rated refund. The Designated Trip Payment Plan Trip Cancellation/Interruption benefits are not refunded on a pro-rated basis. The premium is consumed from the purchase of the Policy.
- b. You may terminate your coverage under the Certificate as described in this paragraph. To terminate coverage, You or the Participating Organization must provide Us with a notice before a requested termination date. The Participating Organization must provide Us with a minimum of [60] days advance written notice before the requested termination date. Termination is not effective until We are notified in writing by the organization.
- c. Either You or the Participating Organization may terminate one or more benefits under the Policy that are offered as an option or all insurance benefits. Termination or Cancellation of coverage will not prejudice any claim originating prior to termination or cancellation subject to all other terms of the Policy.
- d. [If enrolled in the Annual Payment Plan, Your premium refund will be calculated pro rata when You elect to terminate coverage.]

### 3. Termination or Non-Renewal of Policy By Us or the Master Policyholder

- a. [This Certificate is provided to Covered Persons under a Designated Trip Payment Plan, which means that coverage lasts only for the duration of a Covered Trip as defined by this Certificate. The coverage is not renewable.]

[If Covered Persons are Enrolled in an Annual Payment Plan, We may non-renew the Policy. All coverage under this Certificate will cease on the

date of non-renewal. If We non-renew the Policy, We will provide at least [60] days' advance written notice of the non-renewal to You, [any Participating Organization] and the Master Policyholder.]

- b. Either the Master Policyholder or We may terminate the Policy with [31] days' notice to the other party. We shall provide notice to Covered Persons and to Participating Organizations of the date coverage under the Certificate will terminate because the Policy is terminating.
- c. [We may terminate this Certificate, or the coverage under this Certificate of any Covered Person, with [45] days' written notice] if We determine that You or any Covered Person has made a material misrepresentation, non-disclosure or fraudulent statement in enrollment or claims presentation.]
- d. [We may terminate this Certificate with [10] days' written notice] if we are unable to collect premium from Your Account and any required grace period has expired.]

- e. Notwithstanding non-renewal or termination of the Policy under paragraphs a. or b., above, if a Covered Person is on a Covered Trip at the time of termination under those paragraphs, the Covered Person's coverage will not terminate until the end of the Period of Coverage for that Covered Trip as defined by this Certificate.

In Witness Whereof, We have caused this Certificate to be signed by Our officers:

[



[Joy A. Hanson  
President]  
AMEX Assurance Company

]

[



[John M. Collins  
Secretary]  
AMEX Assurance Company

]

## **American Express® Travel Insurance Schedule of Benefits**

Underwritten by AMEX Assurance Company  
[Administrative Office, MC 08-01-20, 20022 N. 31<sup>st</sup> Ave., Phoenix, AZ 85027]

This Schedule of Benefits is the summary of benefits for You, the American Express Travel Insurance Enrollee, and any additional Covered Persons enrolled by You. This document will serve as proof of insurance coverage.

If You should have any questions regarding Your benefits or would like to request a change, please contact Us at [1-800-332-4899]. For any change in coverage, the Coverage Effective Date will be the next business day following Our acceptance of the change and receipt of any additional required premium.

For the 24-Hour Travel Assistance Hotline, please call: [1-800-332-4899] within the United States or collect to [1-(303)-273-6497] from anywhere else.

Name of Enrollee:  
Street Address:  
City/State/Zip Code:

[Names of Additional Covered Persons and Date of Birth:

Covered Person 1  
Covered Person 2  
Covered Person 3  
Covered Person 4  
Covered Person 5]

American Express Travel Insurance Identification Number:

[Names Other Traveling Companions Enrolled in American Express Travel Insurance:

Other Traveling Companion 1  
Other Traveling Companion 2  
Other Traveling Companion 3  
Other Traveling Companion 4  
Other Traveling Companion 5]

American Express Travel Insurance Coverage Selected:

Payment Plan:

Premium Amount:

This Coverage Includes:

- [Trip Cancellation up to xx ("the aggregate amount")]
- [Trip Interruption up to [100]% of the aggregate amount]
- [Cancel for Any Reason up to [50]% of the aggregate amount]
- [Emergency Medical Evacuation/Repatriation\* up to xx]
- [Emergency Medical\* up to xx]
- [Dental Expense\* up to xx [with a \$50 deductible per Occurrence]]
- [Global Trip Delay up to xx]
- [Baggage Delay up to xx]
- [Baggage Loss up to xx]

- [Travel Accident Protection up to xx]
- [24-Hour Accidental Death & Dismemberment up to xx]
- [24-Hour Travel Assistance Hotline]

[\* these benefits are part of the Global Medical Plan]

Enrollment Date:

[Covered Trip Destination:]

[Covered Trip Departure Date and Conclusion Date:]

[Trip Cancellation Coverage Effective Date and Conclusion Date:]

[Global Medical Plan Coverage Effective Date and Conclusion Date:]

[Unless You elected to extend this Coverage You will be covered for the first 60 days of Your Covered Trip. If You have any further questions concerning coverage call [1-800-332-4899].]

[All Other Enrolled Coverage Effective Date and Conclusion Date:]

**[AMERICAN EXPRESS® TRAVEL INSURANCE**  
underwritten by AMEX Assurance Company, an American Express Company]

**Enrollment Request Form**

To enroll, please call [1-800-332-4899], or complete and mail this form to [AMERICAN EXPRESS TRAVEL INSURANCE, PO BOX 792, GOLDEN CO 80402-9803].

**STEP 1.** Please choose if you to want enroll in an American Express Travel Insurance comprehensive package by checking one of the below boxes. All enrolled persons receive the same plan(s).

☐ **[Annual Basic American Express Travel Insurance]**– [\$295.00] per Covered Person.

☐ **[Annual Silver American Express Travel Insurance]**– [\$415.00] per Covered Person.

☐ **[Annual Gold American Express Travel Insurance]**– [ \$520.00] per Covered Person.

**OR**

Customize your coverage by selecting from the individual coverages listed below. For either option, any additional traveling companions enrolled by you will receive the same plan(s).

Annual Trip Cancellation and Interruption Plan		
Benefit Amount	Annual Premium Per Covered Person	Coverage Selection
\$1,000/Trip	[\$200.00]	<input type="checkbox"/>

Annual Global Baggage Protection Plan		
Benefit Amount	Annual Premium Per Covered Person	Coverage Selection
<b>Basic:</b> 6+ Hour Delay \$500/Loss \$300/Delay	[\$96.00]	<input type="checkbox"/>
<b>Basic:</b> \$250/Loss	[\$20.00]	<input type="checkbox"/>
<b>Silver:</b> 6+ Hour Delay \$1,000/Loss \$500/Delay	[\$168.00]	<input type="checkbox"/>
<b>Silver:</b> 10+ Hour Delay \$250/Loss \$100/Delay	[\$34.00]	<input type="checkbox"/>
<b>Gold:</b> 6+ Hour Delay \$1,500/Loss \$500/Delay	[\$223.00]	<input type="checkbox"/>
<b>Gold:</b> 10+ Hour Delay \$500/Loss \$100/Delay	[\$52.00]	<input type="checkbox"/>
<b>Platinum:</b> 3+ Hour Delay \$500/Loss \$100/Delay	[\$288.00]	<input type="checkbox"/>

Annual Global Trip Delay Plan		
Benefit Amount	Annual Premium Per Covered Person	Coverage Selection
<b>Basic:</b> \$150/Day \$500/Trip*	[\$79.00]	<input type="checkbox"/>
<b>Silver:</b> \$200/Day \$750/Trip*	[\$99.00]	<input type="checkbox"/>
<b>Gold:</b> \$300/Day \$1,000/Trip*	[\$119.00]	<input type="checkbox"/>

\* The aggregate limit per Covered Trip. Coverage is provided for only one Occurrence per Covered Trip.

Annual Travel Accident Protection		
Benefit Amount	Annual Premium Per Covered Person	Coverage Selection
<b>Basic:</b> \$250,000	[\$90.00]	<input type="checkbox"/>
<b>Silver:</b> \$500,000	[\$149.00]	<input type="checkbox"/>
<b>Gold:</b> \$1,000,000	[\$219.00]	<input type="checkbox"/>
<b>Platinum:</b> \$1,500,000	[\$299.00]	<input type="checkbox"/>

Annual Global Medical Protection				
Benefit Amount	Date of Birth (mm/dd/yyyy)	Annual Premium Per Covered Persons Age 65 or Under	Annual Premium Per Covered Persons Age 66 or Over	Coverage Selection
<b>Basic:</b> \$25,000		[\$99.00]	[\$169.00]	<input type="checkbox"/>
<b>Silver:</b> \$50,000		[\$115.00]	[\$189.00]	<input type="checkbox"/>
<b>Gold:</b> \$100,000		[\$120.00]	[\$199.00]	<input type="checkbox"/>

**STEP 2.** Please enter your name, along with your traveling companions, and the corresponding premium amount for each person. If you are not traveling, then please do not list your name in the table below, only list the people you intend to cover. Please note you can enroll up to a maximum of 10 traveling companions.

Name of Covered Person(s) (first and last)	Insurance Premium*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Insurance Premium for All Covered Person(s)</b>	\$

\* Please use the tables included in this brochure to determine your insurance premium

**[Please Note:** If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.]



**Step 3. Please Enter your method of payment and personal information**Card Type: ☐AMERICAN EXPRESS ☐Visa ☐MasterCard ☐Discover

Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (optional)±: \_\_\_\_\_

± Read our privacy statement on americanexpress.com concerning use of email addresses.

**PLEASE SIGN BELOW:**

I (Enrollee) hereby request enrollment for all Covered Person(s) listed on the enrollment form in the selected plan, underwritten by AMEX Assurance Company. By enrolling for coverage, I agree as the Enrollee to be responsible for payment of all Covered Person(s) and the total insurance premium described above in exchange for this insurance coverage, even if I am not a Covered Person because I am not traveling on the Covered Trip. I have read, understand, and agree to the Terms and Conditions Summary. The information I have provided in filling out this enrollment form is true and complete to the best of my knowledge and belief.

X

Signature of Enrollee (Please sign in ink)

Date

*[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.]*

\_\_\_\_\_  
Travel Agent Name (First, Last) State License Number

[American Express® Travel Insurance  
Underwritten by AMEX Assurance Company, an American Express Company]

### Enrollment Request

To enroll, please call [1-800-332-4899], or complete and mail this form to [AMERICAN EXPRESS TRAVEL INSURANCE, PO BOX 792, GOLDEN CO 80402-9803].

**Step 1: Please choose the American Express Travel Insurance Plan you wish to purchase.** Any additional traveling companions enrolled by you will receive the same plan. If your trip exceeds 60 days, please call [1-800-332-4899] or visit our website [www.americanexpresstravelinsurance.com] to purchase extended Global Medical Coverage.

- ☐ [Basic
- ☐ Silver
- ☐ Gold
- ☐ Platinum
- ☐ Diamond]

**Step 2: Traveler Information-** Please enter the requested trip information for you and/or any traveling companions you would like to cover. If you are not traveling, then please do not list your name in the table below, only list the people you intend to cover. Please note you can enroll up to a maximum of 10 traveling companions.

Name of Covered Person(s) (first & last name)	Date of Birth (mm/dd/yyyy)	Covered Trip Cost*	Insurance Premium*
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Insurance Premium for All Covered Person(s)			\$

\* Covered Trip Cost means all travel expenses and accommodations **for each person**

♣ Please use the tables included in this brochure to determine your insurance premium

**[Please Note:** If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.]

**Step 3: Enter your method of payment and personal information.**

Card Type

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Account Number\* \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name (as it appears on Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address (optional)± \_\_\_\_\_

Date of Covered Trip Departure \_\_\_\_\_

Date of Covered Trip Conclusion \_\_\_\_\_

Trip Destination (Country) \_\_\_\_\_

Date of initial trip deposit \_\_\_\_/\_\_\_\_/\_\_\_\_

±Read our privacy statement on [americanexpress.com](http://americanexpress.com) concerning use of e-mail addresses.

\*Your enrolled account listed above will be billed for the designated Covered Trip.

I (Enrollee) hereby request enrollment for all Covered Person(s) listed on the enrollment form in the selected plan, underwritten by AMEX Assurance Company. By enrolling for coverage, I agree as the Enrollee to be responsible for payment of all Covered Person(s) and the total insurance premium described above in exchange for this insurance coverage, even if I am not a Covered Person because I am not traveling on the Covered Trip. I have read, understand, and agree to the Terms and Conditions Summary. The information I have provided in filling out this enrollment form is true and complete to the best of my knowledge and belief.

X \_\_\_\_\_

Signature of Enrollee (Please sign in ink)

Date: \_\_\_\_\_

*[Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]*

\_\_\_\_\_  
Travel Agent Name (First, Last)

\_\_\_\_\_  
State License Number

[American Express® Travel Insurance  
Underwritten by AMEX Assurance Company, an American Express Company]

### Enrollment Request

To enroll, please call [1-800-332-4899], or complete and mail this form to [AMERICAN EXPRESS TRAVEL INSURANCE, PO BOX 792, GOLDEN CO 80402-9803].

**Step 1: Please choose the American Express Travel Insurance coverage you wish to purchase.** Any additional traveling companions enrolled by you will receive the same plan.

[Please choose either Trip Cancellation and Interruption Plan or Trip Protection Plan (note that you may not enroll in both plans).]

#### Trip Cancellation and Interruption Plan Coverage Selection



Covered Trip Cost Per Covered Person <sup>1</sup>	Premiums (Based on Age and Covered Trip Cost)				
	Age 0-40	41-65	66-70	71-80	81+
\$0-\$500	\$[24]	\$[30]	\$[48]	\$[57]	\$[75]
\$501-\$1,000	\$[39]	\$[51]	\$[83]	\$[101]	\$[133]
\$1,001-\$1,500	\$[58]	\$[77]	\$[127]	\$[154]	\$[205]
\$1,501-\$2,000	\$[80]	\$[105]	\$[176]	\$[214]	\$[286]
\$2,001-\$2,500	\$[91]	\$[120]	\$[201]	\$[245]	\$[327]
\$2,501-\$3,000	\$[122]	\$[162]	\$[272]	\$[332]	\$[443]
\$3,001-\$3,500	\$[146]	\$[194]	\$[327]	\$[400]	\$[534]
\$3,501-\$4,000	\$[166]	\$[221]	\$[373]	\$[456]	\$[609]
\$4,001-\$4,500	\$[197]	\$[263]	\$[444]	\$[543]	\$[726]
\$4,501-\$5,000	\$[208]	\$[279]	\$[471]	\$[576]	\$[771]
\$5,001-\$5,500	\$[254]	\$[340]	\$[576]	\$[704]	\$[942]
\$5,501-\$6,000	\$[256]	\$[343]	\$[581]	\$[710]	\$[950]
\$6,001-\$6,500	\$[294]	\$[394]	\$[668]	\$[817]	\$[1,093]
\$6,501-\$7,000	\$[299]	\$[401]	\$[680]	\$[831]	\$[1,113]
\$7,001-\$8,000	\$[363]	\$[488]	\$[827]	\$[1,011]	\$[1,354]
\$8,001-\$9,000	\$[462]	\$[620]	\$[1,053]	\$[1,288]	\$[1,726]
\$9,001-\$10,000	\$[478]	\$[642]	\$[1,091]	\$[1,335]	\$[1,788]
\$10,000+					
(Please Call [1-800-332-4899])					

<sup>1</sup>Total of all travel and accommodation expenses per Covered Person.

### Trip Protection

Covered Trip Limit Per Covered Person <sup>1</sup>	Premium	Coverage Selection <input checked="" type="checkbox"/>
Up to \$1,000	\$40	<input type="checkbox"/>

<sup>1</sup>Total of all travel and accommodation expenses per Covered Person.

### [Travel Accident Protection] (Please select one)

Benefit Amount (Maximum Per Person)	Premium Per Covered Person	Coverage <input checked="" type="checkbox"/> Level
Basic: \$250,000	\$[11.00]	<input type="checkbox"/>
Silver: \$500,000	\$[19.00]	<input type="checkbox"/>
Gold: \$1,000,000	\$[27.00]	<input type="checkbox"/>
Platinum: \$1,500,000	\$[35.00]	<input type="checkbox"/>

### Global Baggage Protection (Please select one)

Benefit Amount Loss/Delay (Maximum Per Person)	Premium Per Covered Person	Coverage <input checked="" type="checkbox"/> Level
Basic: \$500/\$300	\$[20.00]	<input type="checkbox"/>
Silver: \$1,000/\$500	\$[35.00]	<input type="checkbox"/>
Gold: \$1,500/\$500	\$[40.00]	<input type="checkbox"/>
Platinum: \$2,500/\$500	\$[50.00]	<input type="checkbox"/>

### Global Trip Delay (Please select a one)

Benefit Amount Daily/Per Trip (Maximum Per Person)	Premium Per Covered Person	Coverage <input checked="" type="checkbox"/> Level
Basic: \$150/Day; \$500/Trip	\$[14.00]	<input type="checkbox"/>
Silver: \$200/Day; \$750/Trip	\$[15.00]	<input type="checkbox"/>
Gold: \$300/Day; \$1,000/Trip	\$[20.00]	<input type="checkbox"/>

**Global Medical Plan** (Please select one)

<b>Benefit Amount (Maximum Per Person)</b>	<b>Premium Per Covered Person</b>	<b>Coverage <input checked="" type="checkbox"/> Level</b>
Basic: \$25,000	[\$25.00]	<input type="checkbox"/>
Silver: \$50,000	[\$30.00]	<input type="checkbox"/>
Gold: \$100,000	[\$32.00]	<input type="checkbox"/>

If your trip exceeds 60 days, please call [1-800-332-4899] or visit our website [www.americanexpresstravelinsurance.com] to purchase extended Global Medical coverage.

**Step 2: Traveler Information** Please enter the requested trip information for you and/or any traveling companions you would like to cover. If you are not traveling, then please do not list your name in the table below, only list the people you intend to cover. Please note you can enroll up to a maximum of 10 traveling companions.

<b>Name of Covered Person(s) (first &amp; last name)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Trip Cancellation and Interruption Plan*</b>	<b>All Other Coverage Premiums♥</b>	<b>Total Insurance Premium♣</b>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Insurance Premium for All Covered Person(s)</b>				\$

\* Please enter the corresponding premium from the Trip Cancellation and Interruption Plan table above **for each person**

♥Please add all other coverage (except Trip Cancellation and Interruption Plan) selected together **for each person**

♣ Please **add** the left two columns together and enter the total insurance premium amount **for each person**

**[Please Note:** If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.]

**Step 3: Enter your method of payment and personal information.**

Card Type

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Account Number\* \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name (as it appears on Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address (optional)± \_\_\_\_\_

Date of Covered Trip Departure \_\_\_\_\_

Date of Covered Trip Conclusion \_\_\_\_\_

Trip Destination (Country) \_\_\_\_\_

Date of initial trip deposit \_\_\_\_/\_\_\_\_/\_\_\_\_

±Read our privacy statement on americanexpress.com concerning use of e-mail addresses.

\*Your enrolled account listed above will be billed for the designated Covered Trip.

I (Enrollee) hereby request enrollment for all Covered Person(s) listed on the enrollment form in the selected plan, underwritten by AMEX Assurance Company. By enrolling for coverage, I agree as the Enrollee to be responsible for payment of all Covered Person(s) and the total insurance premium described above in exchange for this insurance coverage, even if I am not a Covered Person because I am not traveling on the Covered Trip. I have read, understand, and agree to the Terms and Conditions Summary. The information I have provided in filling out this enrollment form is true and complete to the best of my knowledge and belief.

X \_\_\_\_\_  
Signature of Enrollee (Please sign in ink)

Date: \_\_\_\_\_

*[Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]*

\_\_\_\_\_  
Travel Agent Name (First, Last)      State License Number

[American Express® Travel Insurance  
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### Enrollment Request

To enroll, please call [1-800-332-4899], or complete and mail this form to [AMERICAN EXPRESS TRAVEL INSURANCE, PO BOX 792, GOLDEN CO 80402-9803].

**Step 1: Please choose the American Express Travel Insurance Plan you wish to purchase.** Any additional traveling companions enrolled by you will receive the same plan.

- ☐ **[Basic Travel Protection-** [\$20.00] per Covered Person
- ☐ **Basic Travel Shield-** [\$24.00] per Covered Person
- ☐ **Gold Travel Protection-** [\$40.00] per Covered Person
- ☐ **Gold Travel Shield-** [\$45.00] per Covered Person
- ☐ **Silver Classic Travel Protection-** [\$40.00] per Covered Person
- ☐ **Silver Classic Travel Shield-** [\$48.00] per Covered Person
- ☐ **Platinum Classic Travel Protection-** [\$50.00] per Covered Person
- ☐ **Platinum Classic Travel Shield-** [\$57.00] per Covered Person
- ☐ **Silver Travel Protection-** [\$49.00] per Covered Person
- ☐ **Silver Travel Shield-** [\$59.00] per Covered Person
- ☐ **Platinum Travel Protection-** [\$59.00] per Covered Person
- ☐ **Platinum Travel Shield-** [\$66.00] per Covered Person
- ☐ **Gold Classic Travel Protection-** [\$87.00] per Covered Person
- ☐ **Gold Classic Travel Shield-** [\$97.00] per Covered Person]

**Step 2: Traveler Information-** Please enter the requested trip information for you and/or any traveling companions you would like to cover. Please note you can enroll up to a maximum of 10 traveling companions.

Name of Covered Person(s) (first & last name)	Insurance Premium <sup>+</sup>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$



**Total Insurance  
Premium for All  
Covered Person(s)**

\$

♣ Please enter the amount listed in Step 1 for each Covered Person

**[Please Note:** If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.]

**Step 3: Enter your method of payment and personal information.**

Card Type

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Account Number\* \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name (as it appears on Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address (optional)± \_\_\_\_\_

Date of Covered Trip Departure \_\_\_\_\_

Date of Covered Trip Conclusion \_\_\_\_\_

Trip Destination (Country) \_\_\_\_\_

Date of initial trip deposit \_\_\_\_/\_\_\_\_/\_\_\_\_

±Read our privacy statement on americanexpress.com concerning use of e-mail addresses.

\*Your enrolled account listed above will be billed for the designated Covered Trip.

I (Cardholder) hereby request enrollment for myself and additional Covered Persons listed on this enrollment form in the selected plan, underwritten by AMEX Assurance Company. I agree to pay the total insurance premium described above in exchange for this insurance coverage. I have read, understand, and agree to the Terms and Conditions Summary.

X \_\_\_\_\_

Signature of Enrollee (Please sign in ink)

Date: \_\_\_\_\_

*[Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]*

\_\_\_\_\_  
Travel Agent Name (First, Last)

\_\_\_\_\_  
State License Number

[American Express® Travel Insurance  
Underwritten by AMEX Assurance Company, an American Express Company]

### Enrollment Request

To enroll, please call [1-800-332-4899], or complete and mail this form to [AMERICAN EXPRESS TRAVEL INSURANCE, PO BOX 792, GOLDEN CO 80402-9803].

**Step 1: Please choose the American Express Travel Insurance Plan you wish to purchase.** Any additional traveling companions enrolled by you will receive the same plan.

	American Express Travel Insurance Plan	Premium (as Percentage of Covered Trip Cost)
<input type="checkbox"/>	Basic Go Protector	[3.70%]
<input type="checkbox"/>	Silver Go Protector	[4.40%]
<input type="checkbox"/>	Gold Go Protector	[5.30%]
<input type="checkbox"/>	Basic Trip Protector	[4.50%]
<input type="checkbox"/>	Silver Trip Protector	[5.50%]
<input type="checkbox"/>	Gold Trip Protector	[6.50%]
<input type="checkbox"/>	Basic Travel Protector	[4.50%]
<input type="checkbox"/>	Silver Travel Protector	[5.50%]
<input type="checkbox"/>	Gold Travel Protector	[6.50%]

**Step 2: Traveler Information-** Please enter the requested trip information for you and/or any traveling companions you would like to cover. Please note you can enroll up to a maximum of 10 traveling companions.

Name of Covered Person(s) (first & last name)	Covered Trip Cost*	Premium (as Percentage of Covered Trip Cost) ♣	Insurance Premium♥
			\$
			\$
			\$
			\$
			\$
			\$
			\$

			\$
			\$
			\$
<b>Total Insurance Premium for All Covered Person(s)</b>			\$

\* Covered Trip Cost means all travel expenses and accommodations **for each person**

♣ For the American Express Travel Insurance Plan that you have selected, please enter the Premium as a Percentage of Trip Cost supplied in the table in Step 1 **for each person**.

♥ To calculate your Insurance Premium, please multiply your Covered Trip Cost by the Premium as a Percentage of Trip Cost for the Plan you have selected **for each person**.

**[Please Note:** If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.]

### Step 3: Enter your method of payment and personal information.

Card Type

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Account Number\* \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name (as it appears on Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address (optional)± \_\_\_\_\_

Date of Covered Trip Departure \_\_\_\_\_

Date of Covered Trip Conclusion \_\_\_\_\_

Trip Destination (Country) \_\_\_\_\_

Date of initial trip deposit \_\_\_\_/\_\_\_\_/\_\_\_\_

±Read our privacy statement on americanexpress.com concerning use of e-mail addresses.

\*Your enrolled account listed above will be billed for the designated Covered Trip.

I (Cardholder) hereby request enrollment for myself and additional Covered Persons listed on this enrollment form in the selected plan, underwritten by AMEX Assurance Company. I agree to pay the total insurance premium described above in exchange for this insurance coverage. I have read, understand, and agree to the Terms and Conditions Summary.

X \_\_\_\_\_  
Signature of Enrollee (Please sign in ink)

Date: \_\_\_\_\_

*[Any person who knowingly and with intent to defraud any insurance company, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]*

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Travel Agent Name (First, Last)

---

State License Number

# [American Express® Travel Insurance]

## Safeguard Your Trip

Enjoy the peace of mind of knowing you're fully protected if the unexpected happens

### TO LEARN MORE, START HERE.

Pick Your State of residence to learn more about the insurance plans now available.

Select Cardholder State

GO

This plan may not be available in certain states.

## ALREADY HAVE A POLICY?

Here's some information that may be helpful before, during, and after your trip.

► [I already have a policy](#) ► [When you're traveling](#) ► [Placing a claim](#)

Need to contact us? Send us an [e-mail](#).

[American Express Travel Agents Click Here](#)



All major credit cards accepted.



[ABOUT SSL CERTIFICATES](#)

## TRAVEL INSURANCE PLANS

**We're flexible.** Choose one of our world-class packages or build the exact coverage you need at a price that's right for your trip and peace of mind. Single Designated Trip and Annual Plans available.

### COMPREHENSIVE COVERAGE

#### [American Express Travel Insurance] Packages

### BUILD YOUR OWN COVERAGE

- Travel Accident Protection
- Global Baggage Protection Plan
- Global Trip Delay Plan
- Trip Cancellation/Interruption Plan
- Global Medical Plan

All packages and individual plans include **Travel Assistance** providing you 24-hour customer support.

To buy or learn more about a plan, choose your state in the pulldown menu under "To Learn More, Start Here."

[American Express Travel Insurance] is underwritten by AMEX Assurance Company, Administrative Office, Phoenix, AZ. Coverage is determined by the terms, conditions and exclusions of Policy AX0126 or AX0127 and is subject to change with notice. This document does not supplement or replace the Policy. American Express Travel Related Services Company, Inc., California license number 0649234, New York license numbers LA-650051 and PC-650051. In Tennessee, offered by Pamela J. Clarke, license number 905606.

## [American Express® Travel Insurance]



[E-mail us](#). Or call 1-800-332-4899 (U.S. only).

### TRAVEL INSURANCE PLANS

Here are the plans now available in <State>:

Interested in Annual Trip Coverage, [Click Here](#).

[American Express Travel Insurance] Packages

Travel Accident Protection

Global Baggage Protection Plan

Global Trip Delay Plan

Trip Cancellation/Interruption Plan

Global Medical Plan

### COMPREHENSIVE COVERAGE

[\[American Express Travel Insurance\] Packages](#) from \$[59.00] per person.

Secure your trip with [one of our five comprehensive insurance packages: Basic, Silver, Gold, Platinum, or Diamond]. Packages may include the following coverage:

- Emergency Medical and Dental Expense
- Emergency Medical Evacuation/Repatriation
- Baggage Loss
- Baggage Delay
- Travel Accident Protection
- Trip Delay
- Trip Cancellation/Interruption
- Travel Assistance

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

### BUILD YOUR OWN COVERAGE

Buy one or more of our individual insurance plans and get the exact coverage you want. Start with any product – you'll be able to add others later.

[Travel Accident Protection](#)

[\$11.00–\$35.00] per person  
Accident insurance with up to \$1.5 million of coverage for accidental death and dismemberment.

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

[Global Trip Delay Plan](#)

[\$14.00–\$20.00] per person  
Covers the cost of hotel accommodations and other necessary expenses for up to two days if a flight is delayed or canceled.

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

[Global Medical Plan](#)

[\$25.00–\$32.00] per person  
Covers costs of emergency medical, dental, and evacuation services incurred while traveling, as well as travel costs for a bedside visitor.

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

[Global Baggage Protection Plan](#)

[\$20.00–\$50.00] per person  
Point-to-point protection for damaged, lost, delayed, or stolen baggage, including checked bags, carry-on bags, and bags on hotel property.

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

[Trip Cancellation/Interruption Plan](#)

from [\$24.00] per person  
Reimburses you for nonrefundable costs if a trip is canceled or interrupted due to a covered reason.

[Terms & Conditions Summary](#)

[GET QUOTE](#) [PURCHASE](#)

All packages and individual products include [Travel Assistance](#) – providing you 24-hour customer support.

To see a summary of coverage regulations for any product, click its [Terms & Conditions Summary](#) link.



All major credit cards accepted.



ABOUT SSL CERTIFICATES





# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

PURCHASING INSURANCE

STEP



Step 1: Tell Us About Yourself and all Covered Persons

"YOU" THE PERSON PURCHASING INSURANCE

Please complete the information below.

First Name:

John

Middle Name:

Last Name:

Doe

Date of Birth:

MM/DD/YYYY

How did you hear about us?

If other, please specify how you heard about us.

Will you be traveling on this trip?

☒ Yes ☐ No\*

\*If the answer is No, then do not list your name below as a Covered Person (only list the people you intend to cover).

COVERED PERSONS (UP TO 10)

	First Name	Last Name	Date of Birth:	Covered Trip Cost
Covered Person 1	Jane	Doe	MM/DD/YYYY	<input type="text"/> .00
Covered Person 2			MM/DD/YYYY	<input type="text"/> .00
Covered Person 3			MM/DD/YYYY	<input type="text"/> .00
Covered Person 4			MM/DD/YYYY	<input type="text"/> .00
Covered Person 5			MM/DD/YYYY	<input type="text"/> .00
Covered Person 6			MM/DD/YYYY	<input type="text"/> .00
Covered Person 7			MM/DD/YYYY	<input type="text"/> .00
Covered Person 8			MM/DD/YYYY	<input type="text"/> .00
Covered Person 9			MM/DD/YYYY	<input type="text"/> .00
Covered Person 10			MM/DD/YYYY	<input type="text"/> .00

If someone is traveling with you and enrolled separately in [American Express Travel Insurance], please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.

TRIP INFORMATION

All trip information is required unless otherwise noted.

Date of Initial Deposit:

11

25

2009

Departure Date:

11

25

2009

Conclusion Date:

11

25

2009

Destination (City, Country):

Cruise Company (if applicable):

Tour Company (if applicable):

Cancel

Go to Step 2 >



## [American Express® Travel Insurance]

[E-mail us](#), Or call [1-800-332-4899 (U.S. only)]

### PURCHASING INSURANCE

STEP  
1 2 3 4

#### Step 2: Confirm Your Choice

You may buy more than one plan at this time unless you select an [American Express Travel Insurance] Package.  
All Covered Persons will receive the same plan(s).

Please choose a coverage option for your insurance plan now.

You have chosen 0 plan(s)  
All prices shown include coverage for 1 person at the age level(s) you have entered.

#### PLAN(S) (select)

☒ [American Express Travel Insurance] Packages

#### COVERAGE OPTIONS (choose one)

☐ BASIC PLAN \$[59.00]

☐ SILVER PLAN

☐ Silver with \$100,000 of Evacuation \$[54.00]

☐ Silver Classic with \$50,000 of Evacuation \$[44.00]

☐ GOLD PLAN

☐ Gold with \$500,000 Evacuation \$[75.00]

☐ Gold Classic with \$100,000 Evacuation \$[83.00]

☐ Gold with \$500,000 Evacuation and Cancel For Any Reason Coverage \$[110.00]

☐ Gold Classic with \$100,000 Evacuation and Cancel For Any Reason Coverage \$[98.00]

☐ Gold with \$500,000 Evacuation and Cancel For Business Reasons Coverage \$[110.00]

☐ Gold Classic with \$100,000 Evacuation and Cancel For Business Reasons Coverage \$[98.00]

☐ PLATINUM PLAN

☐ Platinum with \$1 Million Evacuation \$[119.00]

☐ Platinum Classic with \$100,000 Evacuation \$[109.00]

☐ Platinum with \$1 Million Evacuation and Cancel For Any Reason Coverage \$[153.00]

☐ Platinum Classic with \$100,000 Evacuation and Cancel For Any Reason Coverage \$[134.00]

☐ Platinum with \$1 Million Evacuation and Cancel For Business Reasons Coverage \$[156.00]

☐ Platinum Classic with \$100,000 Evacuation and Cancel For Business Reasons Coverage \$[136.00]

☐ DIAMOND PLAN

☐ Diamond with \$1 Million Evacuation \$[148.00]

☐ Diamond Classic with \$100,000 Evacuation \$[128.00]

☐ Diamond with \$1 Million Evacuation and Cancel For Any Reason Coverage \$[172.00]

☐ Diamond Classic with \$100,000 Evacuation and Cancel For Any Reason Coverage \$[152.00]

☐ Diamond with \$1 Million Evacuation and Cancel For Business Reasons Coverage \$[175.00]

☐ Diamond Classic with \$100,000 Evacuation and Cancel For Business Reasons Coverage \$[155.00]

☒ Global Medical Plan Extension\* ☐ BASIC PLAN \$25,000 \$[2.50] per day  
☐ SILVER PLAN \$50,000 \$[2.95] per day  
☐ GOLD PLAN \$100,000 \$[3.00] per day

Please select the number of days you want to cover (up to maximum of 120 days):

OVERALL TRIP PREMIUM \$[XXX.XX]

\* Coverage under this section is in addition to the first 60 days that is already provided under the Global Medical Plan.

#### OR

☒ Travel Accident Protection

☐ BASIC \$250,000 \$[11.00]

☐ GOLD \$1,000,000 \$[27.00]

☐ SILVER \$500,000 \$[19.00]

☐ PLATINUM \$1,500,000 \$[35.00]

☒ Global Baggage Protection

☐ BASIC BAGGAGE PLAN \$[20.00]

☐ GOLD BAGGAGE PLAN \$[40.00]

☐ SILVER BAGGAGE PLAN \$[35.00]

☐ PLATINUM BAGGAGE PLAN \$[50.00]

☒ Global Trip Delay

☐ BASIC \$150/DAY \$[14.00]

☐ GOLD \$300/DAY \$[20.00]

☐ SILVER \$200/DAY \$[15.00]

☒ Trip Cancellation/Interruption

☐ TRIP CANCELLATION/INTERRUPTION \$[XXX.XX] ☐ TRIP PROTECTION \$[40.00]

☒ Global Medical Plan\*

☐ BASIC PLAN \$25,000 \$[25.00]

☐ GOLD PLAN \$100,000 \$[32.00]

☐ SILVER PLAN \$50,000 \$[30.00]

\* Coverage is provided for the first 60 days of the trip.

☒ Global Medical Plan Extension\* ☐ BASIC PLAN \$25,000 \$[2.50] per day  
☐ SILVER PLAN \$50,000 \$[2.95] per day  
☐ GOLD PLAN \$100,000 \$[3.00] per day

Please select the number of days you want to cover (up to maximum of 120 days):

OVERALL TRIP PREMIUM \$[XXX.XX]

\* Coverage under this section is in addition to the first 60 days that is already provided under the Global Medical Plan.

[Cancel](#) [Back](#)

[Go to Step 3 >](#)



ABOUT SSL CERTIFICATES





# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

## PURCHASING INSURANCE PLANS

STEP



### Step 3: Enter Payment Information

To purchase the plan(s) you have selected at the insurance premium shown, please provide your credit card information below.

Plan(s) Selection	Coverage Option Selection	Insurance Premium
[American Express Travel Insurance] Packages	BASIC PLAN	\$[59.00]
Total Insurance Premium		\$[59.00]

### CREDIT CARD INFORMATION All major credit cards accepted.

Card Type:	<div>American Express</div>		
Card Number:	<input type="text"/>	Expiration Date:	<div>11</div> <div>2009</div>
Name:	<input type="text" value="TEST TEST TEST"/>		
Billing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>
Phone Number:	<input type="text" value="### - ### - #####"/>		

#### E-Communications

To enroll online, you need to consent to our [E-Communications Disclosure](#) which permits us to show certain disclosures online that we might otherwise have to provide on paper. By checking the box below, you consent to the disclosure.

☐ **E-Communications Disclosure has been read and is agreed\***. If you don't consent, you may not enroll online (but you may call [1-800-332-4899] to enroll).

\*This box must be checked in order to proceed with enrollment.

### Designated E-mail Address and consent to receipt of e-communications

If you are also willing to receive Plan communications and notices by e-mail as provided in the E-Communications Disclosure, enter the e-mail address to which we should send them in the above box. This is not mandatory (if you want to receive postal mailings, don't provide your e-mail address).

[Cancel](#)[Back](#)[Go to Step 4 >](#)[ABOUT SSL CERTIFICATES](#)

# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

## PURCHASING INSURANCE

STEP



### Step 4: Enrollment Confirmation

Please verify the information below. To make a change to any section, click “Edit.” When you’re ready, click the “Submit Enrollment” button.

### COVERED TRIP INFORMATION

Covered Persons	Name	Date of Birth	Covered Trip Cost	Edit
Cardholder:	TEST TEST TEST	MM/DD/YYYY	[\$900]	
Trip Dates				
	Departure Date:	11/25/2009		
	Conclusion Date:	11/25/2009		
	Destination:	NEW YORK, USA		
	Initial Trip Deposit Date:	11/25/2009		

### PLAN(S) SELECTED

Plan(s) Selection	Coverage Option Selection	Insurance Premium	Edit
[American Express Travel Insurance] Packages	BASIC PLAN	[\$59.00]	
Total Insurance Premium		[\$59.00]	

### PAYMENT INFORMATION

Credit Card:	*****1003	Edit
Expiration Date:	11/2009	
Name:	TEST TEST TEST	
Billing Address:	123 TEST STREET	
City:	DENVER	
State:	CO	
Zip Code:	80222	
Cardholder State of Residence:	Colorado	
Phone Number:	333-333-3333	
E-mail Address:	TEST@ TEST.COM	

#### Agree to Terms and Conditions

You hereby request enrollment of the traveling Covered Persons in the above plan(s) and acknowledge that the plan(s) are underwritten by **AMEX Assurance Company**. You agree to pay the Total Insurance Premium shown above even if you are not traveling on a Covered Trip. You certify that all information about you, the Covered Persons and your selections are true and complete. You agree that you have read, understand and agree to the below Terms and Conditions Summary.

**By typing in the signature box below**, you sign this electronic enrollment form and:

- (1) you acknowledge that you understand that the full terms, conditions and exclusions in the insurance policy will be sent to your Designated E-mail Address or to your postal address; and
- (2) you agree to review them and, if they are not acceptable to you, cancel your enrollment before the deadline.\* You may cancel by calling [1-800-332-4899], or you may follow the termination instructions in the Plan documents. If you do not properly cancel, you agree to be bound by all terms, conditions and exclusions in this enrollment and the Plan documents.

\*The deadline is the date a Covered Person departs on their trip or within 14 days of the published date on the e-mail or mail correspondence, whichever event happens first (call us at [1-800-332-4899] if you have not received the policy and you need it before departure).

#### Plan(s) Selection

[American Express Travel Insurance] Packages

[Terms & Conditions Summary](#)

To sign, enter your full name or other symbol of your signature in the below box

X

Date – 11/25/2009

*Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.*

By clicking on the “Submit Enrollment” button below, you will confirm your signature and submit your enrollment form for approval.

Cancel

Submit Enrollment



[ABOUT SSL CERTIFICATES](#)





# [American Express® Travel Insurance]

## Safeguard Your Trip

Enjoy the peace of mind of knowing you're fully protected if the unexpected happens

### TO LEARN MORE, START HERE.

Pick Your State of residence to learn more about the insurance plans now available.

Select Cardholder State

GO

This plan may not be available in certain states.

## ALREADY HAVE A POLICY?

Here's some information that may be helpful before, during, and after your trip.

► [I already have a policy](#) ► [When you're traveling](#) ► [Placing a claim](#)

Need to contact us? Send us an [e-mail](#).

[American Express Travel Agents Click Here](#)



All major credit cards accepted.



[ABOUT SSL CERTIFICATES](#)

## TRAVEL INSURANCE PLANS

**We're flexible.** Choose one of our world-class packages or build the exact coverage you need at a price that's right for your trip and peace of mind. Single Designated Trip and Annual Plans available.

### COMPREHENSIVE COVERAGE

#### [American Express Travel Insurance] Packages

### BUILD YOUR OWN COVERAGE

- Travel Accident Protection
- Global Baggage Protection Plan
- Global Trip Delay Plan
- Trip Cancellation/Interruption Plan
- Global Medical Plan

All packages and individual plans include **Travel Assistance** providing you 24-hour customer support.

To buy or learn more about a plan, choose your state in the pulldown menu under "To Learn More, Start Here."

[American Express Travel Insurance] is underwritten by AMEX Assurance Company, Administrative Office, Phoenix, AZ. Coverage is determined by the terms, conditions and exclusions of Policy AX0126 or AX0127 and is subject to change with notice. This document does not supplement or replace the Policy. American Express Travel Related Services Company, Inc., California license number 0649234, New York license numbers LA-650051 and PC-650051. In Tennessee, offered by Pamela J. Clarke, license number 905606.



# [American Express® Travel Insurance]




## ANNUAL TRAVEL INSURANCE PLANS

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

Here are the plans now available in <state>:

Interested in Single Trip Coverage, [Click Here](#).

 **Annual [American Express Travel Insurance] Packages**

 **Annual Travel Accident Protection**

 **Annual Global Baggage Protection Plan**

 **Annual Global Trip Delay Plan**

 **Annual Trip Cancellation/Interruption Plan**

 **Annual Global Medical Plan**

### COMPREHENSIVE ANNUAL PLAN COVERAGE

#### [Annual \[American Express Travel Insurance\] Package](#)

Secure your trip with our comprehensive insurance package. Packages have a combination of the following benefits:

- Travel Accident Protection
- Baggage Loss
- Baggage Delay
- Trip Cancellation/Interruption
- Emergency Medical and Dental Expense
- Emergency Medical Evacuation/Repatriation
- Travel Assistance
- Trip Delay

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

### BUILD YOUR OWN ANNUAL PLAN COVERAGE

While the Comprehensive Packages provide the most complete coverage, you do have the flexibility to select specific insurance plans.

#### [Annual Travel Accident Protection](#)

Accident insurance with up to \$1.5 million of coverage for accidental death and dismemberment.

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

#### [Annual Global Trip Delay Plan](#)

Covers the cost of hotel accommodations and other necessary expenses for up to two days if a flight is delayed or canceled.

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

#### [Annual Global Medical Plan](#)

Covers costs of emergency medical, dental, and evacuation services incurred while traveling, as well as travel costs for a bedside visitor.

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

#### [Annual Global Baggage Protection Plan](#)

Point-to-point protection for damaged, lost, delayed, or stolen baggage, including checked bags, carry-on bags, and bags on hotel property.

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

#### [Annual Trip Cancellation/Interruption Plan](#)

Reimburses you for nonrefundable costs if a trip is canceled or interrupted due to a covered reason.

[Terms & Conditions Summary](#)

[GET QUOTE](#)

[PURCHASE](#)

All packages and individual plans include Travel Assistance – providing you 24-hour customer support.

To see a summary of coverage regulations for any product, click its Terms & Conditions Summary link.



All major credit cards accepted.



[ABOUT SSL CERTIFICATES](#)





# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

PURCHASING INSURANCE



Step 1: Tell Us About Yourself and all Covered Persons

"YOU" THE PERSON PURCHASING INSURANCE

Please complete the information below.

First Name:

John

Middle Name:

Last Name:

Doe

Date of Birth:

MM/DD/YYYY

How did you hear about us?

If other, please specify how you heard about us.

Are you taking travel insurance out for yourself?

☒ Yes ☐ No\*

\*If the answer is No, then do not list your name below as a Covered Person (only list the people you intend to cover).

COVERED PERSONS (UP TO 10)

	First Name	Last Name	Date of Birth:	Covered Trip Cost
Covered Person 1	Jane	Doe	MM/DD/YYYY	<input type="text"/> .00
Covered Person 2			MM/DD/YYYY	<input type="text"/> .00
Covered Person 3			MM/DD/YYYY	<input type="text"/> .00
Covered Person 4			MM/DD/YYYY	<input type="text"/> .00
Covered Person 5			MM/DD/YYYY	<input type="text"/> .00
Covered Person 6			MM/DD/YYYY	<input type="text"/> .00
Covered Person 7			MM/DD/YYYY	<input type="text"/> .00
Covered Person 8			MM/DD/YYYY	<input type="text"/> .00
Covered Person 9			MM/DD/YYYY	<input type="text"/> .00
Covered Person 10			MM/DD/YYYY	<input type="text"/> .00

If someone is traveling with you and enrolled separately in [American Express Travel Insurance], please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately.

Cancel

Go to Step 2 >



# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

PURCHASING INSURANCE

STEP



Step 2: Confirm Your Choice

You may buy more than one plan at this time unless you select an [American Express Travel Insurance] Package.  
All Covered Persons will receive the same plan(s).

Please choose a coverage option for your insurance plan now.

You have chosen 0 plan(s)  
All prices shown include coverage for 2 persons at the age level(s) you have entered.

PLAN(S) (select)

COVERAGE OPTIONS (choose one)

☒ [Annual \[American Express Travel Insurance\] Package](#)

☐ **BASIC PLAN** \$[295.00]  
☐ **GOLD PLAN** \$[520.00]

☐ **SILVER PLAN** \$[415.00]

OR

☐ [Annual Travel Accident Protection](#)

☐ **BASIC \$250,000** \$[90.00]  
☐ **GOLD \$1,000,000** \$[219.00]

☐ **SILVER \$500,000** \$[149.00]  
☐ **PLATINUM \$1,500,000** \$[299.00]

☐ [Annual Global Baggage Protection](#)

☐ **BASIC BAGGAGE PLAN** \$[95.00]  
☐ **GOLD BAGGAGE PLAN** \$[220.00]

☐ **SILVER BAGGAGE PLAN** \$[165.00]  
☐ **PLATINUM BAGGAGE PLAN** \$[285.00]

☐ [Annual Global Trip Delay](#)

☐ **BASIC \$150/DAY** \$[79.00]  
☐ **GOLD \$300/DAY** \$[99.00]

☐ **SILVER \$200/DAY** \$[119.00]

☐ [Annual Trip Cancellation/ Interruption](#)

☐ **ANNUAL TRIP CANCELLATION/INTERRUPTION** \$[200.00]

☐ [Annual Global Medical Plan\\*](#)

☐ **BASIC PLAN \$25,000** \$[99.00]  
☐ **GOLD PLAN \$100,000** \$[120.00]

☐ **SILVER \$50,000** \$[115.00]

\* A premium increase is applied upon attaining the age of 66 or over and varies depending on coverage level:

Coverage Level	Premium Increase	New Premium
25,000	\$70	\$[169.00]
50,000	\$74	\$[189.00]
100,000	\$79	\$[199.00]

Cancel

Back

Go to Step 3 >



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# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

## PURCHASING INSURANCE

STEP



### Step 3: Enter Payment Information

To purchase the plan(s) you have selected at the insurance premium shown, please provide your credit card information below.

Plan(s) Selection	Coverage Option Selection	Insurance Premium
[American Express Travel Insurance] Packages	BASIC PLAN	\$[295.00]
Total Insurance Premium		\$[295.00]

### CREDIT CARD INFORMATION All major credit cards accepted

Card Type:	<div>American Express</div>	
Card Number:	<div></div>	Expiration Date: <div>11</div> <div>2009</div>
Name:	<div>TEST TEST TEST</div>	
Billing Address:	<div></div>	
City:	<div></div>	State: <div></div> Zip: <div></div>
Phone Number:	<div>### - ### - #####</div>	

To enroll online, you need to consent to our [E-Communications Disclosure](#) which permits us to show certain disclosures online that we might otherwise have to provide on paper. By checking the box below, you consent to the disclosure.

☐ **E-Communications Disclosure has been read and is agreed.\*** If you don't consent, you may not enroll online (but you may call [1-800-332-4899] to enroll).

\*This box must be checked in order to proceed with the online enrollment.

### Designated E-mail Address and consent to receipt of e-communications

If you are also willing to receive Plan communications and notices by e-mail as provided in the E-Communications Disclosure, enter the e-mail address to which we should send them in the above box. This is not mandatory (if you want to receive postal mailings, don't provide your e-mail address).

[Cancel](#)[Back](#)[Go to Step 4 >](#)[ABOUT SSL CERTIFICATES](#)

# [American Express® Travel Insurance]

[E-mail us](#). Or call [1-800-332-4899 (U.S. only)].

## PURCHASING INSURANCE

STEP



### Step 4: Enrollment Confirmation

Please verify the information below. To make a change to any section, click “Edit.” When you’re ready, click the “Submit Enrollment” button.

## COVERED TRIP INFORMATION

Covered Persons	Name	Date of Birth	Edit
Cardholder:	TEST TEST TEST	MM/DD/YYYY	

## PLAN(S) SELECTED

Plan(s) Selection	Coverage Option Selection	Insurance Premium	Edit
[American Express Travel Insurance] Packages	BASIC PLAN	[\$295.00]	
Total Insurance Premium		[\$295.00]	

## PAYMENT INFORMATION

Credit Card:	*****1003	Edit
Expiration Date:	11/2009	
Name :	TEST TEST TEST	
Billing Address:	123 TEST STREET	
City:	DENVER	
State:	CO	
Zip Code:	80222	
Cardholder State of Residence:	Colorado	
Phone Number:	333-333-3333	
E-mail Address:	TEST@ TEST.COM	

### Agree to Terms and Conditions

You hereby request enrollment of the traveling Covered Persons in the above plan(s) and acknowledge that the plan(s) are underwritten by **AMEX Assurance Company**. You agree to pay the Total Insurance Premium shown above even if you are not traveling on a Covered Trip. You certify that all information about you, the Covered Persons and your selections are true and complete. You agree that you have read, understand and agree to the below Terms and Conditions Summary.

**By typing in the signature box below**, you sign this electronic enrollment form and: (1) you acknowledge that you understand that the full terms, conditions and exclusions in the insurance policy will be sent to your Designated E-mail Address or to your postal address; and (2) you agree to review them and, if they are not acceptable to you, cancel your enrollment before the deadline.\* You may cancel by calling [1-800-332-4899] or you may follow the termination instructions in the Plan documents. If you do not properly cancel, you agree to be bound by all terms, conditions and exclusions in this enrollment and the Plan documents.

\*The deadline is the date a Covered Person departs on their trip or within 14 days of the published date on the e-mail or mail correspondence, whichever event happens first (call us at [1-800-332-4899] if you have not received the policy and you need it before departure).

### Plan(s) Selection

[American Express Travel Insurance] Packages

[Terms & Conditions Summary](#)

**To sign**, enter your full name or other symbol of your signature in the below box.

X

Date - 2/3/2010

*Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud.*

By clicking on the “Submit Enrollment” button below, you will confirm your signature and submit your enrollment form for approval.

Cancel

Submit Enrollment



ABOUT SSL CERTIFICATES





SERFF Tracking Number:	MWSG-126380599	State:	Arkansas
Filing Company:	AMEX Assurance Company	State Tracking Number:	45503
Company Tracking Number:	AETI-CRT-AR 3/10		
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	American Express Travel Insurance		
Project Name/Number:	/		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Flesch Score Certification -- Group.pdf AR Certification of Compliance.pdf	Approved-Closed	04/26/2010
<b>Satisfied - Item:</b> Application <b>Comments:</b> Acknowledged.	Approved-Closed	04/26/2010
<b>Satisfied - Item:</b> Authorization Letter <b>Comments:</b> <b>Attachment:</b> Authorization Letter.pdf	Approved-Closed	04/26/2010
<b>Satisfied - Item:</b> Explanatory Memorandum Regarding Enrollment Forms <b>Comments:</b> <b>Attachment:</b> Explanatory Memorandum for GROUP Enrollment Forms.pdf	Approved-Closed	04/26/2010
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	04/26/2010

<i>SERFF Tracking Number:</i>	<i>MWSG-126380599</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AMEX Assurance Company</i>	<i>State Tracking Number:</i>	<i>45503</i>
<i>Company Tracking Number:</i>	<i>AETI-CRT-AR 3/10</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>American Express Travel Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Comments:**

**Attachment:**

AR Statement of Variability.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter dated 4-24-10	Approved-Closed	04/26/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR Cover Letter dated 4-24-10.pdf		

## READABILITY CERTIFICATION

<b><u>Form Number (may vary by state)</u></b>	<b><u>Form Name</u></b>
AETI-CRT 3/10	Certificate of Insurance
AETI-SCHBF 3/10	Schedule of Benefits
AETI ANNUAL 12/09	Enrollment Form
AETI BUNDLE 12/09	Enrollment Form
AETI CUSTOM 12/09	Enrollment Form
PUR PTH FR 12/09	Enrollment Form
PUR PTH PTC 12/09	Enrollment Form
2009 AETI WEB	Web Enrollment Form
2009 AETI ANNUAL WEB	Web Enrollment Form

As an officer of AMEX Assurance Company, I hereby certify that the above captioned forms achieve a Flesch score that meets or exceeds the requirements pursuant to your state insurance law.

The incidental forms have been scored as part of the policy with which they will be used, and defined terms and policy language required by law have been excepted.

The resulting Flesch score achieved for the subject forms is 50.0.



---

Dave A. Parker  
Manager of Corporate Compliance

April 12, 2010

## CERTIFICATION

I, Dave A. Parker, Manager of Corporate Compliance of AMEX Assurance Company, do hereby certify that the forms identified below comply with:

- Arkansas Rule and Regulation 19;
- Arkansas Rule and Regulation 49; and
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 15-2009.

### AMEX ASSURANCE COMPANY



---

Dave A. Parker  
Manager of Corporate Compliance

Date: 4-12-10

<b><u>Form Name(s)</u></b>	<b><u>Form Number(s)</u></b>
Certificate of Insurance	AETI-CRT-AR 3/10
Schedule of Benefits	AETI-SCHBF 3/10
Enrollment Form	AETI ANNUAL 12/09
Enrollment Form	AETI Bundle 12/09
Enrollment Form	AETI Custom 12/09
Enrollment Form	PUR PTH FR 12/09
Enrollment Form	PUR PTH PTC 12/09
Enrollment Form	2009 AETI WEB
Enrollment Form	2009 AETI ANNUAL WEB



**AMEX Assurance Company**

MC: 180219  
19640 N. 31<sup>st</sup> Ave  
Phoenix, AZ 85027

**INSURANCE COMMISSIONER**

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent AMEX Assurance Company in any matters related to the submission of policy forms and/or rates to your state.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dave Parker", with a long horizontal flourish extending to the right.

Officer Name Dave Parker

Officer Title Manager of Corporate Compliance

## **Explanatory Memorandum: Packages of Insurance Coverage Referenced in Enrollment Forms**

**1. Paper enrollment forms attached to brochures:** The filed forms AETI ANNUAL 12/09, AETI Bundle 12/09 and AETI Custom 12/09 are each designed to constitute a “tear-off” section of an American Express Travel Insurance marketing brochure. The first two of these forms include packages of different types of travel insurance bundled together. The brochures associated with AETI ANNUAL 12/09 and AETI Bundle 12/09 will include descriptions of the comprehensive packages identified in the enrollment forms. The form AETI Custom 12/09 includes only options to choose individual types of insurance, which are summarized within the form.

The summary below describes packages identified in AETI ANNUAL 12/09 and AETI Bundle 12/09. Additional information about these packages is contained in the Actuarial Memorandum associated with this American Express Travel Insurance coverage.

### **AETI ANNUAL 12/09**

In Step 1 of the Form, an applicant enrolling in the Annual Payment Plan is given the opportunity to choose between three packages of travel benefits or to select individual benefits. The three packages are (1) Annual Basic American Express Travel Insurance; (2) Annual Silver American Express Travel Insurance; and (3) Annual Gold American Express Travel Insurance. Applicants can review a summary of these benefits in the brochure attached to the application. The three packages include the following:

<b>Package</b>	<b>Coverage</b>	<b>Limits</b>
<b>Annual Basic</b>	Medical	\$5,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No coverage
<b>Annual Silver</b>	Medical	\$20,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$20,000
	Baggage Loss	\$400
	Baggage Delay	6+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment	

Package	Coverage	Limits
	<ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000
	Trip Delay	\$50,000
<b>Annual Gold</b>	Medical	No coverage
	Dental (included in Medical)	\$20,000
	Emergency Evacuation/Repatriation	\$750
	Baggage Loss	\$100,000
	Baggage Delay	\$1,000
	Trip Cancellation/Interruption	24+ hours \$200 max.
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	100% up to \$1,000
	Trip Delay	\$25,000 \$250,000
		6+ hours \$500 max.

### **AETI Bundle 12/09**

The form AETI Bundle 12/09 only contains options to purchase packages of travel insurance benefits. In Step 1 of the Form, an applicant enrolling in a Designated Trip Payment Plan is given the opportunity to choose between five packages of travel benefits: (1) Basic; (2) Silver; (3) Gold; (4) Platinum; and (5) Diamond. Applicants can review a summary of these benefits in the brochure attached to the application. The Company could add additional variations to these bundled packages in the paper form in the manner described below in the corresponding web-based form—2009 AETI WEB.

Package	Coverage	Limits
<b>Basic</b>	Medical	\$5,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$1,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No coverage
<b>Silver</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000

Package	Coverage	Limits
	Baggage Loss	\$500
	Baggage Delay	6+ hours \$300 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$100,000
	Trip Delay	6+ hours, \$150/day, \$500 max.
<b>Gold</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Platinum</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours \$500 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours \$150/day \$1,000 max.
<b>Diamond</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000



Package	Coverage	Limits
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours \$750 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$150/day \$1,500 max.

**2. Purchase Path Enrollment Forms.** Purchase Path plans will be marketed online through third party vendors that will be Participating Organizations, where applicable. For example, at the time an individual is purchasing air travel via an airline's website, a screen will appear that allows the individual an option to purchase travel insurance. The filed forms PUR PTH FR 12/09 and PUR PTH PTC 12/09 represent the content of these forms, but not the exact format, which will be determined through integration into the third party vendor's travel reservation website.

There are two types of Purchase Path coverage—flat-rate plans and plans for which premium is based on a percentage of the total trip per Covered Person. When enrolling for either type of plan through a third party vendor's website, an individual will have a number of different packages of travel insurance benefits from which to choose. The individual will be able to click on hyperlinks inserted into the enrollment form to learn additional information about the packages. The summary below contains such summary information about packages identified in PUR PTH FR 12/09 and PUR PTH PTC 12/09. Additional information about these packages is contained in the Actuarial Memorandum associated with this American Express Travel Insurance coverage.

### **PUR PTH FR 12/09**

Step 1 of the form lists 14 different packages from which the applicant can choose when enrolling in a Designated Trip Payment Plan.

Package	Coverage	Limits
<b>Basic Travel Protection</b>	Medical	No Coverage
	Dental (included in Medical)	No Coverage
	Emergency Evacuation/Repatriation	No Coverage
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.

Package	Coverage	Limits
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$200 max.
<b>Basic Travel Shield</b>	Medical	No Coverage
	Dental (included in Medical)	No Coverage
	Emergency Evacuation/Repatriation	No Coverage
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$200 max.
<b>Gold Travel Protection</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$10,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$200 max.
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000
	Trip Delay	No coverage.
<b>Gold Travel Shield</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$10,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$200 max.
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000
	Trip Delay	No coverage.

Package	Coverage	Limits
<b>Silver Classic Travel Protection</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000
	Trip Delay	6+ hours, \$200 max.
<b>Silver Classic Travel Shield</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$5,000
	Baggage Loss	\$250
	Baggage Delay	24+ hours \$100 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000
	Trip Delay	6+ hours, \$200 max.
<b>Platinum Classic Travel Protection</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$25,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000

Package	Coverage	Limits
	Trip Delay	6+ hours, \$150/day, \$500 max.
<b>Platinum Classic Travel Shield</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$25,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$25,000 \$25,000
	Trip Delay	6+ hours, \$150/day, \$500 max.
<b>Silver Travel Protection</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$10,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$100/day, \$500 max.
<b>Silver Travel Shield</b>	Medical	\$5,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$10,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment	No coverage

Package	Coverage	Limits
	Trip Delay	6+ hours, \$100/day, \$500 max.
<b>Platinum Travel Protection</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$25,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$50,000
	Trip Delay	6+ hours, \$200/day, \$750 max.
<b>Platinum Travel Shield</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$25,000
	Baggage Loss	\$500
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$50,000
	Trip Delay	6+ hours, \$200/day, \$750 max.
<b>Gold Classic Travel Protection</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours \$500 max.

Package	Coverage	Limits
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$50,000
	Trip Delay	6+ hours, \$100/day, \$500 max.
<b>Gold Classic Travel Shield</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours \$500 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$50,000
	Trip Delay	6+ hours, \$100/day, \$500 max.

### **PUR PTH PTC 12/09**

Step 1 of the form lists 9 different packages from which the applicant can choose when enrolling in a Designated Trip Payment Plan.

Package	Coverage	Limits
<b>Basic Go Protector</b>	Medical	No Coverage
	Dental (included in Medical)	No Coverage
	Emergency Evacuation/Repatriation	No Coverage
	Baggage Loss	No Coverage
	Baggage Delay	No Coverage
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No Coverage
<b>Silver Go Protector</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50

Package	Coverage	Limits
		deductible
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	No Coverage
	Baggage Delay	No Coverage
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$200 max.
<b>Gold Go Protector</b>	Medical	\$20,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours, \$200 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$500 max.
<b>Basic Trip Protector</b>	Medical	No Coverage
	Dental (included in Medical)	No Coverage
	Emergency Evacuation/Repatriation	No Coverage
	Baggage Loss	No Coverage
	Baggage Delay	No Coverage
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No Coverage
<b>Silver Trip Protector</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	No Coverage
	Baggage Delay	No Coverage
	Trip Cancellation/Interruption	100% up to \$5,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$200 max.
<b>Gold Trip Protector</b>	Medical	\$20,000
	Dental (included in Medical)	\$500 w/ \$50

Package	Coverage	Limits
		deductible
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours, \$200 max.
	Trip Cancellation/Interruption	100% up to \$10,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$500 max.
<b>Basic Travel Protector</b>	Medical	No Coverage
	Dental (included in Medical)	No Coverage
	Emergency Evacuation/Repatriation	No Coverage
	Baggage Loss	\$500
	Baggage Delay	24+ hours, \$500 max.
	Trip Cancellation/Interruption	100% up to \$15,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	No Coverage
<b>Silver Travel Protector</b>	Medical	\$10,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	\$1,000
	Baggage Delay	24+ hours, \$500 max.
	Trip Cancellation/Interruption	100% up to \$20,000
	Accidental Death & Dismemberment	No coverage
	Trip Delay	6+ hours, \$200 max.
<b>Gold Travel Protector</b>	Medical	\$50,000
	Dental (included in Medical)	\$500 w/ \$50 deductible
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,000
	Baggage Delay	24+ hours, \$500 max.
	Trip Cancellation/Interruption	100% up to



Package	Coverage	Limits
		\$20,000
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$50,000 \$250,000
	Trip Delay	6+ hours, \$500 max.

**3. Web Enrollment Forms.** American Express Travel Insurance will have two routes through its web site to purchase coverage, one via an Annual Payment Plan (form 2009 AETI ANNUAL WEB) and one via a Designated Trip Payment Plan (form 2009 AETI WEB). Both of these forms list packages of different kinds of travel insurance Applicants can click on hyperlinks to information outside the enrollment form that summarizes the benefits in the packages

The summary below describes packages identified in 2009 AETI ANNUAL WEB and 2009 AETI WEB. Additional information about these packages is contained in the Actuarial Memorandum associated with this American Express Travel Insurance coverage.

### **2009 AETI ANNUAL WEB**

On page 4 of the form, an applicant enrolling in the Annual Payment Plan is given the opportunity to choose between three packages of travel benefits or to select individual benefits. The three packages are identical to the packages described above in Section 1 of the Memorandum in relation to the paper form AETI Annual 12/09.

### **2009 AETI WEB**

On page 4 of the form, an applicant enrolling in the Designated Payment Plan is give the opportunity to choose between a Basic Plan, two Silver Plans six Gold Plans, six Platinum plans and six Diamond plans. The Basic Plan, Silver Plan with \$100,000 of Evacuation, Gold Plan with \$500,000 of Evacuation, Platinum Plan with \$1 Million of Evacuation and Diamond Plan with \$1 Million of Evacuation are the same plans as described above in Section 1 of the Memorandum in relation to paper form AETI Bundle 12/09.

The following are additional plans referenced in 2009 AETI WEB:

Package	Coverage	Limits
<b>Silver Classic with \$50,000 Evacuation</b>	Medical	\$10,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$50,000
	Baggage Loss	\$500

Package	Coverage	Limits
	Baggage Delay	24+ hours, \$100 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment	No Coverage
	Trip Delay	6+ hours, \$150/day, \$500 max.
<b>Gold Classic with \$100,000 Evacuation</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Gold with \$500,000 Evacuation &amp; Cancel For Any Reason (CFAR)</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Gold Classic with \$100,000 Evacuation &amp; CFAR</b>	Medical	\$25,000

Package	Coverage	Limits
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Gold with \$500,000 Evacuation &amp; Cancel For Business Reason (CFBR)</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$500,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Gold Classic with \$100,000 Evacuation &amp; CFBR</b>	Medical	\$25,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$1,000
	Baggage Delay	6+ hours, \$300 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$100,000 \$200,000

Package	Coverage	Limits
	Trip Delay	6+ hours, \$150/day \$750 max.
<b>Platinum Classic with \$100,000 Evacuation</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
<b>Platinum with \$1,000,000 Evacuation &amp; Cancel For Any Reason (CFAR)</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
<b>Platinum Classic with \$100,000 Evacuation &amp; CFAR</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500

Package	Coverage	Limits
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
<b>Platinum with \$1,000,000 Evacuation &amp; Cancel For Business Reason (CFBR)</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day \$1,000 max.
<b>Platinum Classic with \$100,000 Evacuation &amp; CFBR</b>	Medical	100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$2,500
	Baggage Delay	3+ hours, \$500 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$200,000 \$200,000
	Trip Delay	6+ hours, \$300/day

Package	Coverage	Limits
		\$1,000 max.
<b>Diamond Classic with \$100,000 Evacuation</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
<b>Diamond with \$1,000,000 Evacuation &amp; Cancel For Any Reason (CFAR)</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
<b>Diamond Classic with \$100,000 Evacuation &amp; CFAR</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.

Package	Coverage	Limits
	Trip Cancellation/Interruption (includes CFAR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
<b>Diamond with \$1,000,000 Evacuation &amp; Cancel For Business Reason (CFBR)</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$1,000,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.
<b>Diamond Classic with \$100,000 Evacuation &amp; CFBR</b>	Medical	\$100,000
	Dental (included in Medical)	\$750
	Emergency Evacuation/Repatriation	\$100,000
	Baggage Loss	\$3,000
	Baggage Delay	3+ hours, \$750 max.
	Trip Cancellation/Interruption (includes CFBR)	100% of trip cost
	Accidental Death & Dismemberment <ul style="list-style-type: none"> <li>• 24 hour benefit</li> <li>• Scheduled Airline benefit</li> </ul>	\$500,000 \$500,000
	Trip Delay	6+ hours, \$500/day \$1,500 max.

**Description of Variable Material**  
**Certificate of Insurance Coverage Number AETI-CRT-AR 3/10**

<b>Page Number</b>	<b>Bracketed Provision</b>	<b>Possible Variations</b>
Face page	AMERICAN EXPRESS TRAVEL INSURANCE	The name of the plan. If the name of the plan changes, this would allow the Company to update the name without re-filing.
Face page	Address of AMEX Assurance Company	The address is bracketed as it could change in the future.
Face page	John/Jane Doe	The name of each certificate holder enrolled in the plan will be inserted here.
Face page	xxxxxxxxxxxx	Identification number assigned to enrolled certificate holder.
Face page	AMERICAN EXPRESS TRAVEL INSURANCE	This is the name of the plan, which may change in the future.
Face page	14	This refers to the number of days a certificate holder has to review the policy and return it, in exchange for the return of premium. This number of days may change depending on state law or other permissible reasons.
Face page	AMERICAN EXPRESS TRAVEL INSURANCE, P.O. BOX 471792, TULSA, OK 74147-1792	The address of the Company is bracketed, as it could change in the future.
Face page	Language describing effective date for Trip Cancellation coverage	This language may or may not be in the Certificate depending on the plans offered to, or chosen by, an Enrollee.
Face page	Trip Interruption, Global Trip Delay, Global Baggage Protection, Travel Accident Protection, Emergency Medical and Dental Expense and Emergency Medical Evacuation/Repatriation coverage	Each of these benefit descriptions is bracketed because the plans offered to Enrollees, or chosen by Enrollees, can vary.
2	In the table of contents, Trip Cancellation/Interruption, Cancel for Any Reason Coverage, Global Medical Protection, Global Trip Delay, Global Baggage Protection and Travel Accident Protection	Applicants are offered either stand-alone insurance plans or packages containing all or some of these different types of benefits. Accordingly, each benefit needs to be bracketed as it may or may not be in the Certificate issued to a particular Enrollee.
3	Definition of Annual Payment Plan	Applicants typically may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If coverage for a particular trip is purchased, this definition may not be included in the Certificate.
4	Definition of Designated Trip Payment Plan	Applicants may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If an Enrollee purchases an Annual Payment Plan option, this Designated Trip Payment Plan definition may not be included in the Certificate.
5	Definition of Family Member	In some plans the following alternative definition of Family Member is used: "the Covered Person's Spouse or Domestic Partner, child, parent, step parent, grandparent, grandchild, or sibling."
7	American Express Travel Insurance "or American Express Award Travel Insurance Certificate"	The name of the plan could change in the future. The related plan, American Express Award Travel Insurance, may or may not be included here.
7-11	Entire description of Trip Cancellation/Interruption benefits	The entire description of this benefit is bracketed because it may or not be offered to or chosen by an Enrollee, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
7	"or other means"	This language is removed in some plans that cover Trip Cancellation and Interruption only in regards to travel on a Scheduled Airline or



Page Number	Bracketed Provision	Possible Variations
	“or enters a vehicle or other means of transportation and begins the trip”	Common Carrier Conveyance and not on trips taken, for example, in a personal vehicle or rental car.
8	Covered reason triggered by the number of hours of complete cessation of travel services caused by adverse weather or natural disaster: [24]	This number could change in future or amended contracts with Enrollees.
8	Number of months a Covered Person must have been employed in order for an unforeseeable layoff to be a covered reason: [24]	This provision could change in amended or future contracts with Enrollees.
8	[Unforeseeable, unexpected or unintended Financial Default or bankruptcy of any tour operator, hotel, resort, rental car company, other travel supplier, Scheduled Airline, or Common Carrier Conveyance, whose services or products constitute all or part of the Covered Person’s Covered Trip. Financial Default occurring on, before or less than 7 days after the Coverage Effective Date of Trip Cancellation is not covered;]	This covered reason is not included in all products.
9	Requirement that Scheduled Airline or Common Carrier-caused delay must be at least [6] hours or by [12:01A.M.] of the next day (in the time zone where the delay originally occurred), whichever happens first.	The minimum time for a Scheduled Airline or Common Carrier-caused delay and the time limit of “by 12:01 A.M.” may change in future or amended contracts with Enrollees.
9	Minimum percentage of trip lost that a delay must cause in order for the delay to be a covered reason: [50]	This percentage could change in future or amended contracts with Enrollees.
9-10	Cancel for Business Reasons explanation of benefits	This entire subsection of the Trip Cancellation and Interruption description of benefits will be removed if Cancel for Business Reasons is not offered to or chosen by an Enrollee.
10	Number of days after initial trip deposit within which Cancel for Business Reasons coverage must be purchased for benefits to be payable: [14]	The number of days may change in future or amended contracts with Enrollees.
10	Contact telephone numbers: [1-800-332-4899] and [1-303-273-6497]	These telephone numbers may change in the future.
10	Exclusions and Limitations Applicable to Trip Cancellation/Interruption [& Cancel For Business Reasons] Coverage	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	“ . . . exclusions apply to the Trip Cancellation/Interruption Coverage [& Cancel for Business Reasons coverage].”	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	American Express Travel Insurance	The name of the plan could change in the future. The related plan,

Page Number	Bracketed Provision	Possible Variations
	“or American Express Award Travel Insurance Certificate”	American Express Award Travel Insurance, may or may not be included here.
10	“... [identify them when You enroll for coverage] [or] [call us at [1-800-332-4899] within the United State or collect at [1-303-273-6497] from anywhere else before the Covered Trip and identify them.	These bracketed provisions refer to ways to identify Traveling Companions who are not enrolled under this Certificate, but who could trigger Trip Cancellation or Trip Interruption benefits for a Covered Person if the Traveling Companion experiences a covered reason for cancellation or interruption. The means to provide such notification, or the referenced telephone numbers, may change in the future.
11	Employment or business-related obligations of [the Covered Person, his or her Traveling Companion or] a Family Member of the Covered Person or Traveling Companion.	Covered Persons and Traveling Companions will not be included in this exclusion if a Certificate includes Cancel for Business Reasons coverage.
11	Benefit description for Cancel for Any Reason Coverage	This entire benefit is bracketed because Cancel for Any Reason Coverage will be offered only in certain plans marketed to Enrollees.
11	Minimum number of days before covered trip that a trip may be cancelled under Cancel for Any Reason Coverage: [2]	This minimum number may change in future or amended contracts with Enrollees.
11	Maximum percentage of trip costs covered under benefit: [50]	This maximum percentage benefit may change in future or amended contracts with Enrollees.
11	Maximum number of days after initial trip purchase that Cancel for Any Reason Coverage can be purchased: [14]	This number of days may be changed in future or amended contracts with Enrollees.
12-14	The entire description of benefits for Global Medical Protection	The entire description of benefits must be bracketed because Global Medical Protection Coverage may not be offered to or chosen by all Enrollees, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
12	Requirement under Global Medical Protection that a Covered Trip be for a distance greater than a [150] mile radius from a Covered Person’s Permanent Residence.	This mileage requirement may change in future or amended contracts with Enrollees.
12	Part of Covered Trip to which this benefit applies: the first [60] days	The number of days could change in future or amended contracts. Also, the Company will allow Enrollees to choose an extension of medical benefits of up to 180 total days in exchange for additional premium.
12	Maximum benefit under Emergency Medical Expense: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical/Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part of a bundled coverage, the Emergency Medical Expense benefit will range between \$5,000 and \$50,000.
12	Requirement that Covered Expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees or as required by state law.
12	Maximum expense under Emergency Dental Expense Benefit: \$[750]	The Company will offer plans with total dental benefits of \$500 and \$750. The dental benefit is included within the total medical benefit.
12	Requirement that a covered expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees or as required by state law.
12	“The Covered Person must pay a	The Company will not include this deductible in all plans. With any

Page Number	Bracketed Provision	Possible Variations
	[\$50] deductible before We pay for Medically Necessary dental care on a Covered Trip.”	appropriate rate adjustments and filings, the Company may revise the amount of deductible in the future.
12	Maximum benefit under Emergency Medical Evacuation/Repatriation: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part a bundled coverage, the Emergency Medical Evacuation/Repatriation benefits will range between \$5,000 and \$100,000.
13	Toll free numbers to contact in relation to evacuation services: [1-800-332-4899], [1-303-273-6497]	These telephone numbers may change in the future.
13	Requirement that Covered Expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees.
13	Number of days that Covered Person’s medical condition does not substantially change, requiring evacuation to point of departure: [7] days	The number of days may change in future or amended contracts with Enrollees.
13	A minimum hospital stay eligible for the benefit paying for roundtrip airfare to Covered Person’s bedside: [5] days	This requirement may change in future or amended contracts with Enrollees.
13	Payment of expenses related to change of airfare based on sickness or injury: \$[100] (domestic flights), \$[200] (international flights)	These benefits may change in future or amended contracts with Enrollees.
13	Maximum number of days to pay Global Medical Protection claims: [45]	The number of days may change according to state law or for other permissible reasons.
14-15	Global Trip Delay description of benefits	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Minimum time for trip delay: [6] hours or by [11:00 p.m.] of the same day (in the same time zone of missed connections, delayed transportations, cancellations or denied boarding, whichever occurs first)	These limitations could be changed in some plans or in future or amended contracts with Enrollees.
15	Payment will not exceed \$[[150] per day up to] Our aggregate limit of \$[750] per Covered Trip.	A per day limit will not be included in all plans offered under this Certificate, but when included, such limits will range between \$100 and \$300. The maximum per trip limit will range between \$200 and \$1,000. There may not be a per day limit in all plans.
15	“Total covered expenses may not exceed the per day limit and must be necessary and reasonable.”	This language will be included only in plans with a per day limit.
15-18	Description of benefits for Global Baggage Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Maximum replacement costs for lost or damaged carry-on and checked baggage: \$[2,000]	Depending on the plan offered, baggage lost benefits will range between \$250 and \$2,500.
16	Delayed checked baggage benefit	This entire benefit is bracketed because it will not be provided for all plans that include Global Baggage Protection.

Page Number	Bracketed Provision	Possible Variations
16	Delayed checked baggage benefit: \$[500]	This benefit will range between \$100 and \$500 depending on the plans offered by the Company or selected by the Enrollee.
16	Minimum time for delay: [6] hours	Depending on the plan offered by the Company or chosen by the Enrollee, the minimum length of delay will range between 3 and 24 hours.
16	Maximum benefit for loss of personal property and business effects under the Other Means of Transportation benefit: \$[2,000]	This benefit falls under baggage loss and will vary by plan in the same manner as described under carry-on and checked baggage benefit.
17	Delayed checked baggage benefit – proof of claim requirements	This entire section is bracketed because it will only appear in plans in which the delayed baggage benefit is included.
17	Minimum number of hours a person must wait before filing a claim for delayed baggage: [6]	Depending on the plan offered by the Company and selected by the Enrollee, the minimum number of hours may range from three to twenty-four.
17	Maximum benefit for delayed checked baggage: \$[500]	Depending on the plan offered by the Company and selected by the Enrollee, the maximum benefit may vary between \$100 and \$500.
17	<b>“Annual Aggregate Limit</b> A Covered Person enrolled through the Annual Payment Plan is subject to an aggregate limit of [\$5,000] per year.”	This limit applies only to coverage under the Annual Payment Plan. Annual limits range from \$1,000 to \$5,000.
18-20	Description of Coverage for Travel Accident Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
19	Toll-free number to call to obtain a beneficiary designation: [1-800-332-4899]	This number may change in the future.
19	Number of days within which travel accident protection claims will be paid: [45]	The number of days may change according to state law or for other permissible reasons.
20	Numbers to call for emergency travel assistance: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
21	Number to contact to change benefits: [1-800-332-4899]	The number could change in the future.
21	“Changes to the Designated Trip Payment Plan will not be honored unless placed prior to the Covered Trip Departure Date and approved by US. For the Designated Trip Payment Plan the premium is refundable up to 14 days after the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first. The premium is non-refundable anytime after the 14th day from the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first.”	This language will be used only when an Enrollee purchases the Designated Trip Payment Plan.
21	“If enrolled in the Annual Payment Plan, the following billing procedures apply if benefits are changed: 1. <b>Coverage upgrades-</b> a pro rata	This provision will only be used if the Enrollee purchases the Annual Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	<p>premium charge will be assessed to Your Account upon the date You elect to upgrade Your coverage.</p> <p><b>2. Coverage downgrades or cancellation-</b>Your premium refund will be calculated pro rata and assessed to Your Account upon the date You elect to terminate or downgrade Your coverage.”</p>	
21	<p><b>Designated Trip Payment Plan</b> The applicable single-trip premium will be due prior to the Covered Trip Departure Date.</p>	This provision will only be used if the Enrollee purchases the Designated Trip Payment Plan.
21	<p><b>“Annual Payment Plan</b> The applicable annual premium charge will be billed to Your Account on Your annual enrollment anniversary date.</p> <p><b>Applicable to Enrollees of Global Medical Protection</b> A Covered Person’s Annual Payment Plan premium will increase on their next annual renewal date following the attainment of age 66.”</p>	These provisions will only be included if the Enrollee purchases the Annual Payment Plan.
21	<p><b>“Change in premiums:</b> If You pay premiums through an Annual Payment Plan, We have the right to change the premium rates if we provide You notice at least [31] days before the premium is due. The premium rates may also be changed at any time that the terms of the Policy are changed.”</p>	Provision on change in premium applies only to persons with the Annual Payment Plan. In regard to such provision, the 31-day notice requirement may change according to state law or for other permissible reasons.
21-22	<p><b>“Grace Period:</b> If You pay premiums through an Annual Payment Plan, all benefits listed under the Certificate have a [31]-day grace period for the payment of each premium due after the first premium. The grace period begins on the premium due date. Premium will accrue during the grace period, and You are liable for such accrued premium. When a claim is paid for a loss incurred during the grace period, any premium due and unpaid may be deducted from the claim payment. There is no grace period if We advise You of non-renewal or cancellation.”</p>	The paragraph on grace period applies only to Enrollees with the Annual Payment Plan. In regard to such Enrollees, the 31-day grace period could change according to state law or for other permissible reasons.

Page Number	Bracketed Provision	Possible Variations
22	<b>“Reinstatement:</b> If You pay premiums through an Annual Payment Plan and We terminate insurance for nonpayment of premium, You may reinstate coverage within [90] days following the last unpaid premium due date. You must pay all overdue premiums. The reinstated plan will not cover a loss that occurred during the lapse period. We may issue You a new Certificate upon reinstating Your coverage.”	The paragraph on reinstatement applies only to Enrollees with the Annual Payment Plan. The 90-day time limit for reinstatement may change according to state law or for other permissible reasons.
22	Days within which to file Notice of Claim: [30]	This time limit, referenced here on this page, could change based on state law or for other permissible reasons.
22	Contact numbers regarding claims: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
22	American Express Travel Insurance, P.O. Box 981553, El Paso, TX 79998-9920	The address could change in the future.
22	Number of days for company to send claim forms: [15]	Number of days may change depending on state law or other permissible reasons.
22	Number of days to file satisfactory proof of loss: [90]	Number of days, referenced twice on this page, may change depending on state law or other permissible reasons.
23	Number of days after proof of loss that no legal action may be brought to recover against the plan: [60]	Number of days may change depending on state law or other permissible reasons.
23	Number of days to which liberalization clause applies: [60]	Number of days may change depending on state law or other permissible reasons.
24	“With respect to Annual Payment Plan Enrollees, duplicate or multiple enrolled Accounts shall not obligate Us to pay more than one benefit limit per Occurrence covered under each applicable enrolled benefit selected.”	This provision will be included only with Enrollees who purchase the Annual Payment Plan.
24-25	Preexisting condition exclusion	The entire exclusion is bracketed because it will not be applicable to some plan configurations. For example, if an Enrollee purchases only Global Baggage Protection, preexisting conditions would not be relevant to such coverage.
24	Look-back period applicable to preexisting condition exclusion: [90] days	This time period, referenced twice on this page, may change in future or amended contracts with Enrollees.
25	Number of days after making first Covered Trip deposit within which premium for coverage with pre-existing condition waiver must be paid: 14	This time limit could change in future or amended contracts with Enrollees.
25	“For Covered Persons enrolled in a Designated Trip Payment Plan, coverage under the Certificate will terminate at 12:01 a.m. on the date immediately following the earliest	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in a Designated Trip Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	of these events.”	
25	“For Covered Persons enrolled in an Annual Payment Plan, coverage under the Certificate will end with regard to a specific Covered Trip at 12:01 a.m. on the date immediately following the earliest of these events:”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“For Covered Persons enrolled in an Annual Payment Plan, the events listed above result in coverage ending in regards to a specific Covered Trip, but do not terminate coverage under the Certificate.”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“ . . .subject to the grace period described above in the section on Terms that Apply to All Benefits, in the subsection on Premiums.”	This language relating to a grace period is only applicable to Covered Persons enrolled in the Annual Payment Plan.
26	Number of days in initial review period within which coverage can be rescinded: [14]	This time period, referenced several times on this page, may change depending on state law or other permissible reasons.
26	Address of AMEX Assurance Company: [ Attn: American Express Travel Insurance, P. O. Box 471792, Tulsa, OK 74147-1792]	The address may change in the future.
26	Client Service Dept. telephone number: [1-800-332-4899]	This number may change in the future.
26	“If you enrolled through the Annual Payment Plan, the [14] day period is only applicable to the initial Certificate of Coverage received when You first enrolled in the Plan, and does not apply to any continuation of Annual Payment Plan coverage purchased by You.”	This provision will only be applicable to Enrollees who purchase the Annual Payment Plan.
26	Number of days advance written notice for termination by Participating Organization: [60]	Number of days may change depending on state law or other permissible reasons.
26	“If enrolled in the Annual Payment Plan, Your premium refund will be calculated pro rata when You elect to terminate coverage.”	This provision will be included only if the Enrollee is paying for coverage under the Annual Payment Plan.
26	“This Certificate is provided to Covered Persons under a Designated Trip Payment Plan, which means that coverage lasts only for the duration of a Covered Trip as defined by this Certificate. The coverage is not renewable.”	This provision relating to non-renewability is applicable only Covered Persons enrolled in a Designated Trip Payment Plan.
26-27	“If Covered Persons are Enrolled in an Annual Payment Plan, We may non-renew the Policy. All coverage under this Certificate will cease on the date of non-renewal. If We non-	This provision relating to non-renewability is applicable only Covered Persons enrolled in an Annual Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	renew the Policy, We will provide at least [60] days' advance written notice of the non-renewal to You, any Participating Organization and the Master Policyholder."	
27	Number of days advance written notice for termination or non-renewal of policy by Company: [60]	Number of days may change depending on state law or other permissible reasons.
27	Number of days either Master Policyholder or Company can terminate policy: [31]	Number of days may change depending on state law or other permissible reasons.
27	"We may terminate this Certificate, or the coverage under this Certificate of any Covered Person, with [45] days' written notice if We determine that You or any Covered Person has made a material misrepresentation, non-disclosure or fraudulent statement in enrollment or claims presentation."	This termination provision may be revised or deleted, or the time limit revised, based on state law other permissible reasons.
27	"We may terminate this Certificate with [10] days' written notice if we are unable to collect premium from Your Account and any required grace period has expired."	This termination provision may be revised or deleted, or the time limit revised, based on state law other permissible reasons.
27	Names and signatures of President and Secretary of AMEX Assurance Company	This information is bracketed as it could change in the future.

### Description of Variable Material for Schedule of Benefits Form AETI-SCHBF 3/10

Page Number	Bracketed Provision	Possible Variations
1	[Administrative Office, MC 08-01-20, 20022 N. 31 <sup>st</sup> Ave., Phoenix, AZ 85027	This address may change in the future.
1	Telephone numbers	The toll free or collect call telephone numbers, referenced a total of 4 times in the form, may change in the future.
1	[Names of Additional Covered Persons and Date of Birth:  Covered Person 1 Covered Person 2 Covered Person 3 Covered Person 4 Covered Person 5]	There may be up to 10 Covered Persons identified on the Schedule of Benefits, per provisions in the Certificate of Insurance.
1	[Names Other Traveling Companions Enrolled in American Express Travel Insurance:  Other Traveling Companion 1 Other Traveling Companion 2	Depending on the number of Covered Persons, the number of Traveling Companions identified may be between 1 and 9 individuals for a combined total of 10 individuals who either are Covered Persons or Traveling Companions.



Page Number	Bracketed Provision	Possible Variations
	Other Traveling Companion 3 Other Traveling Companion 4 Other Traveling Companion 5]	
1-2	<ul style="list-style-type: none"> <li>• [Trip Cancellation up to xx (“the aggregate amount”)]</li> <li>• [Trip Interruption up to [100]% of the aggregate amount]</li> <li>• [Cancel for Any Reason up to [50]% of the aggregate amount]</li> <li>• [Emergency Medical Evacuation/Repatriation* up to xx]</li> <li>• [Emergency Medical* up to xx]</li> <li>• [Dental Expense* up to xx [with a \$50 deductible per Occurrence]]</li> <li>• [Global Trip Delay up to xx]</li> <li>• [Baggage Delay up to xx]</li> <li>• [Baggage Loss up to xx]</li> <li>• [Travel Accident Protection up to xx]</li> <li>• [24-Hour Accidental Death &amp; Dismemberment up to xx]</li> <li>• [24-Hour Travel Assistance Hotline]</li> </ul> [* these benefits are part of the Global Medical Plan]	These bracketed descriptions of the benefits provided under the Certificate will vary depending of the benefits marketed to or chosen by the Enrollee.
2	[Covered Trip Destination:] [Covered Trip Departure Date and Conclusion Date:]	The destination and travel dates will vary for each trip.
2	[Trip Cancellation Coverage Effective Date and Conclusion Date:]	Trip Cancellation coverage begins upon purchase of the coverage or mailing of the application, per the Certificate. The effective date and conclusion date will change with each new Enrollee.
2	[Global Medical Plan Coverage Effective Date and Conclusion Date:] [Unless You elected to extend this Coverage You will be covered for the first 60 days of Your Covered Trip. If You have any further questions concerning coverage call [1-800-332-4899].]	The coverage effective date will be the date of departure on the Covered Trip. The conclusion date will be the total number of days purchased for medical coverage, up to 60, unless extensions are purchased. The effective date and conclusion date will change with each new Enrollee.
2	[All Other Enrolled Coverage Effective Date and Conclusion Date:]	The effective date and conclusion date will change with each new Enrollee.

### Description of Variable Material for Enrollment Form AETI ANNUAL 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by	The title of the form, which may change.

Page Number	Bracketed Provision	Possible Variations
	AMEX Assurance Company, an American Express Company	
1	Company telephone number: [1-800-332-4899]	The telephone number may change.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 471792, Tulsa, OK 74147-1792]	This address may change in the future.
1	<b>Step 1.</b> Choice of one of three insurance packages, <sup>1</sup> which include Annual Basic American Express Travel Insurance, Annual Silver American Express Travel Insurance or Annual Gold American Express Travel Insurance. The entire choice of packages is bracketed, as are the names of the plans and the premium amounts.	<p>All three choices are bracketed because not all of these options may be marketed at once.</p> <p>The names of the plans may be changed based on marketing considerations.</p> <p>The premiums will vary depending on age of the Enrollee and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with these American Express Travel Insurance plans.</p>
1	Annual Trip Cancellation and Interruption Plan. Premium for benefit is also bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>The premium reflected may change depending on age of the Enrollee and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Baggage Protection Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 7 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Trip Delay Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Annual Travel Accident. Premium for plan options are also bracketed.	This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.

<sup>1</sup> Benefit packages identified in this and other enrollment forms addressed in this Statement of Variability are described in the Explanatory Memorandum accompanying the forms.

Page Number	Bracketed Provision	Possible Variations
		Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	Annual Global Medical Protection. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>As reflected by the form, premiums vary by age, depending on whether the Enrollee is age 65 or younger or age 66 or older. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
3	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form AETI Bundle 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, which is identified three times on page 1 of this form, may change in the future.
1	Company address: [AMERICAN	This address may change in the future.

Page Number	Bracketed Provision	Possible Variations
	EXPRESS TRAVEL INSURANCE, P. O. Box 471792, Tulsa, OK 74147-1792]	
1	[www.americanexpresstravelinsurance.com]	Web site contact information. The web location may change upon finalization or may change in the future.
1	Choice of Packages: Basic, Silver, Gold, Platinum or Diamond <sup>2</sup>	All five choices are bracketed because not all of these options may be marketed at once.  The names of the plans may be changed based on marketing considerations.
1	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
2	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form AETI Custom 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL	This address may change in the future.

<sup>2</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
	INSURANCE, P. O. Box 471792, Tulsa, OK 74147-1792]	
1	“Please choose either Trip Cancellation and Interruption or Trip Protection Plan (note that you may not enroll in both plans).”	The language may be removed because the Company may not always market these plans.
1	Trip Cancellation and Interruption Plan Coverage Selection table reflecting different bracketed premiums for Trip Cancellation and Interruption based on age and cost of trip.	<p>The entire table for this stand-alone annual benefit is bracketed because the Company may not always market this benefit.</p> <p>As reflected by the table, premiums change based on age and trip cost. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Trip Protection benefit	This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.
2	Travel Accident Protection benefit; plan name and premiums for four different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company. The plan name may change.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Baggage Protection; premiums for packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Trip Delay; premiums for different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
3	Global Medical Plan; premiums for different packages are bracketed; toll-free number is bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may vary based on the age of the covered person. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p> <p>The telephone number, reflected under this benefit and at the bottom of this page, may change in the future.</p>

Page Number	Bracketed Provision	Possible Variations
3	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
4	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form PUR PTH FR 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 471792, Tulsa, OK 74147-1792]	This address may change in the future.
1	14 different package options bracketed; premiums for each package bracketed. <sup>3</sup>	<p>The Company may not always market each of these plans.</p> <p>These are flat-rate premiums, but the premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>

<sup>3</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

3	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
2	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form PUR PTH PTC 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 471792, Tulsa, OK 74147-1792]	This address may change in the future.
1	9 different package options bracketed; premiums for each package (calculated as a % of trip cost) is bracketed. <sup>4</sup>	The Company may not always market each of these plans.  The percentages of trip cost upon which premiums are based may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	<b>“Please Note:</b> If someone is traveling with you and enrolled	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The

<sup>4</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

	separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	telephone number may change in the future.
3	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form 2009 AETI WEB

Page Number	Bracketed Provision	Possible Variations
1	American Express Travel Insurance	The name of the plan appears several times on this page. Brackets allow the Company to update the plan name without re-filing for approval.
2	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
2	“Here are the plans now available in [state]”	The state listed at the top left of the page will depend on the state chosen by the Enrollee on the initial landing page.
2	Bracketed premium beside American Express Travel Insurance Packages	The premiums are not finalized in this form. Final rating methodologies are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans. Premiums for packages typically vary by age and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees.
2	“...one of our five comprehensive insurance packages: Basic, Silver, Gold, Platinum, or Diamond.” <sup>5</sup>	The number and name of the packages marketed by the Company may change. Not all packages may be marketed at the same time.
2	Bracketed range of premiums under Travel Accident Protection, Global Trip Delay Plan, Global Medical Plan, Global Baggage Protection Plan and Trip Cancellation/ Interruption Plan.	The range of premiums is not finalized in this form. Final rating methodologies are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.

<sup>5</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.



Page Number	Bracketed Provision	Possible Variations
3	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
3	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
4	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
4	Toll free number: [1-800-332-4899]	The telephone number may change.
4	The entire description of bundled and stand-alone benefits is bracketed on this page. Also, Premiums are bracketed beside each bundled package, and beside each plan option under the stand-alone benefits. The overall total trip premium at the bottom of the page is also bracketed.	<p>The company may not market all of these plan configurations at the same time. Premiums for the bundled packages and some stand alone coverages will vary based on information the Enrollee enters on previous pages of the form.</p> <p>Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.</p>
5	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
5	Toll free number: [1-800-332-4899]	The telephone number may change.
5	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
5	Toll free number: [1-800-332-4899]	The telephone number may change.
6	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
6	Toll free number: [1-800-332-4899]	The telephone number may change.
6	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	Toll free number: [1-800-332-4899]	The telephone number may change.
6	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact	Fraud language may change depending on state law or other permissible reasons.

Page Number	Bracketed Provision	Possible Variations
	material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	

### Description of Variable Material for Enrollment Form 2009 AETI ANNUAL WEB

Page Number	Bracketed Provision	Possible Variations
1	American Express Travel Insurance	The name of the plan appears several times on this page. Brackets allow the Company to update the plan name without re-filing for approval.
2	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
2	“Here are the annual coverage plans now available in [state]”	The state listed at the top left of the page will depend on the state chosen by the Enrollee on the initial landing page.
2	Toll free number: [1-800-332-4899]	The telephone number may change.
3	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
3	<b>“Please Note:</b> If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/ Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.
4	American Express Travel Insurance	The name of the plan, which may change, appears twice on this page.
4	Toll free number: [1-800-332-4899]	The telephone number may change.
4	The entire description of bundled and stand-alone benefits is bracketed on this page. <sup>6</sup> Also, premiums are bracketed beside each bundled package, and beside each plan option under the stand-alone benefits.	<p>The company may not market all of these plan configurations at the same time. Premiums for the bundled packages and some stand alone coverages will vary based on information the Enrollee enters on previous pages of the form.</p> <p>Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.</p>
5	American Express Travel Insurance	The name of the plan, which may change, appears twice on this page.
5	Toll free number: [1-800-332-4899]	The telephone number, which appears twice on this page, may change.

<sup>6</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
5	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
6	Toll free number: [1-800-332-4899]	The telephone number, which appears several times on this page, may change.
6	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

# MITCHELL || WILLIAMS

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April 24, 2010

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attention: Mr. Dan Honey  
Deputy Commissioner Life and Health

RE: **AMEX Assurance Company**  
NAIC #: 27928; FEIN: 36-2760101  
Group Health Travel Form Filing  
"American Express Travel Insurance"  
Company File Number: AETI-CRT-AR 3/10

- Certificate of Insurance (Form No. AETI-CRT-AR 3/10)
- Schedule of Benefits (Form No. AETI-SCHBF 3/10)
- Enrollment Form (Form No. AETI ANNUAL 12/09)
- Enrollment Form (Form No. AETI Bundle 12/09)
- Enrollment Form (Form No. AETI Custom 12/09)
- Enrollment Form (Form No. PUR PTH FR 12/09)
- Enrollment Form (Form No. PUR PTH PTC 12/09)
- Enrollment Form (Form No. 2009 AETI WEB)
- Enrollment Form (Form No. 2009 AETI ANNUAL WEB)

**SERFF Tracking No. MWSG-126380599**

Dear Commissioner Bradford:

On behalf of AMEX Assurance Company (the "Company"), we respectfully submit the above-referenced forms for your review and approval. These forms are new and do not replace any previously approved forms.

Based on an earlier communication with Edith Roberts and Rosalind Minor of your Department, it is our understanding that the Accident and Health Division will coordinate the review of this form filing with the Property/Casualty Division if necessary and that we do not have to submit a separate form filing to the Property/Casualty Division. It is further our understanding that rates are not required to be submitted to either Division. **If our understanding is not correct, please notify us immediately.**

The captioned forms will be used under Master Group Policy AX0126 (the "Policy") issued to the Trustee of the AMEX Assurance Travel Group Trust (the "Master Policyholder"). The group is situated in Rhode Island, and the Policy was approved in that state on February 26, 2002. A copy of the Policy is enclosed for informational purposes only.

In addition to the above-referenced forms, this filing contains the following documentation:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. An actuarial memorandum and exhibits;
3. A Statement of Variability regarding bracketed material in the forms;
4. A Flesch score certification;
5. An explanatory memorandum relating to the various enrollment forms used with this coverage;
6. A Certificate of Compliance; and
7. A filing fee of \$450.00 which represents a fee of \$ 50/form which is being sent to the Department via EFT.

Group certificate holders will include individuals interested in travel insurance who are members of participating organizations. The participating organizations are typically companies who offer credit, debit, charge or prepayment cards, airlines, hotels, and other organizations through which travel goods and services are arranged for and purchased by members of the traveling public. Certificate holders, who are responsible for premium payments, also can enroll family members or other traveling companions who are traveling with them on designated covered trips.

American Express Travel Insurance (the "Program") covers a variety of losses related to travel for the certificate holder and other covered persons. Depending on benefits marketed by the Company or chosen by the certificate holder, covered losses may include trip cancellation/interruption benefits, trip delay coverage, baggage protection, emergency medical and dental expense benefits, emergency medical evacuation/repatriation benefits and accidental death and dismemberment coverage. The Program is supported by a variety of travel assistance services to help covered persons make the best use of their benefits.

Purchase of coverage is voluntary. There are no minimum or maximum ages for this coverage. The only stipulation is that a certificate holder must be 18 years or older to enroll in his/her own plan. The certificate holder, however, can enroll family members and other traveling companions regardless of the age of these other covered persons.

Participating Organization Application form number AX0126-PA 2/10 will be used with this Program but has or will be filed under separate cover in a car rental insurance filing by the Company. Form AX0126-PA 2/10 will replace form AX0126-PA 11/09, which was approved on January 11, 2010 by your Department (SERFF Tracking # MWSG-126395068).

The following is a brief description of each of the enrollment forms to be used with this coverage. Additional details on each enrollment form and the products offered through each form are included in an accompanying Explanatory Memorandum regarding the forms:

1. **Annual** (Form # AETI ANNUAL 12/09) -- This form offers American Express Travel Insurance annual coverage options. Through this form, applicants can choose travel coverages that are in packaged bundles and also coverage on a stand-alone basis.
2. **Bundle** (Form # AETI Bundle 12/09) -- This form offers bundles of American Express Travel Insurance coverage options on a designated per-trip basis.
3. **Custom** (Form # AETI Custom 12/09) -- This form offers American Express Travel Insurance stand-alone coverage options on a designated per-trip basis.
4. **Purchase Path Flat Rate** (Form # PUR PTH FR 12/09) -- This form offers bundled coverage options only available through partner websites in conjunction with the partner's trip purchasing process. Premiums are on a flat rate basis.
5. **Purchase Path Percent of Trip Cost** (Form # PUR PTH PTC 12/09) -- This form offers bundled coverage options only available through partner websites in conjunction with the partner's trip purchasing process. Premiums are determined as a fixed percentage of trip cost through the web-based trip-purchasing channel.
6. **Web Enrollment forms** (Form #s - 2009 AETI WEB and 2009 AETI ANNUAL WEB) -- These forms offer both stand-alone and bundled American Express Travel Insurance coverage options in a web-based environment. Form 2009 AETI WEB offers coverage on a designated per-trip basis, and Form 2009 AETI ANNUAL WEB offers coverage on an annual basis.

The explanatory memorandum submitted as a supporting document with this filing provides additional information on the enrollment forms, including the types of travel coverage in the bundled options that may be offered through these forms.

#### **Discretionary Group Approval Request**

This group policy contains certain coverages which are "accident and health" coverages by nature, including Global Medical Protection and Travel Accident Protection. The "group" to which the group policy will be issued, the AMEX Assurance Travel Group Trust is not one of the groups specifically defined as permissible under A.C.A. §23-86-106. However, A.C.A. § 23-86-106(4) provides that a group policy can be issued "under a policy issued to any persons or organization to which a policy of group life insurance may be issued or delivered in this state . . ."

Among the permissible types of groups to which a group life insurance policy may be issued is a "discretionary group," pursuant to A.C. A. §23-83-107, which provides, in pertinent part, as follows:

#### **23-83-107. Restrictions on coverage of other groups.**

Group insurance offered to a resident of this state under a group policy issued to a group other than one described in §§ 23-83-102 – 23-83-106 shall be subject to the following requirements:

- (1) No group policy or certificate shall be delivered in this state unless the Insurance Commissioner finds that:

- (A) The issuance of the group policy is not contrary to the best interest of the public;
- (B) The issuance of the group policy would be actuarially sound;
- (C) The issuance of the group policy would result in economies of acquisition or administration; and
- (D) The benefits are reasonable in relation to the premiums charged.

It is respectfully submitted that the group to which the accident and health coverages contained in this filing will be offered meets all of the above criteria, as described below:

- A. Issuance of group policy is not contrary to the best interest of the public. The group policy will be issued to the AMEX Assurance Travel Group Trust, which is situated in Rhode Island. Eligible participating organizations in the trust will include companies that offer credit, debit, charge and prepayment cards, which companies will make these insurance coverages available to their customers/cardholders who are in the process of arranging trips and purchasing the travel goods and services related to such trips. There is therefore a commonality of participating organizations and insureds in that the primary object is travel, with travel insurance being an ancillary product thereto.
- B. Issuance of the Policy would be actuarially sound. For your information we enclose a copy of the Actuarial Memorandum reflecting rate development for this product(s), as prepared by the Company's retained actuarial firm.
- C. Issuance of the group policy would result in economies of acquisition or administration. The group which, as opposed to issuance of individual policies, provides for economies of acquisition and administration that inure to the insureds benefit by lowering costs and thereby lowering premiums. By issuing a single group policy and then certificates to individual insureds, costs of printing paper, mailing, and related items are reduced, and data processing and administration is made more efficient as opposed to individual policies.
- D. Benefits are reasonable in relation to the premium charged. The enclosed Rate Memorandum reflects development of reasonable rates based on loss ratios derived from prior 5 year as experience, appropriately adjusted for benefit modifications and supplemented by competitor experience where new coverages or benefits are being offered that were not offered in the previous generation of the Company's product.

Accordingly, the Company requests the Department's consideration of this issue in its review of this filing and will assume the Department's approval of the filing may be considered inclusive of approval the "group" pursuant to the above-captioned statute.

To the best of the Company's knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contain no provisions previously disapproved by your Department.

These forms are in final print. The Company reserves the right to change the appearance, formatting and pagination, but not the text of these forms to comply with future changes in production, print systems or web site software and stylistic revisions. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of hard-copy versions of this form

The Honorable Jay Bradford  
April 24, 2010  
Page 5

and to correct typographical errors without refiling. In addition, the Company also reserves the right to change the Company logo, Company address and phone number, and Officers' signatures without refiling.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8819 or June Stracener, a paralegal working with me on this matter, at (501) 370-4225. Thank you for your courtesy and assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

A handwritten signature in black ink, appearing to read "Charles B. Cliett, Jr.", written in a cursive style.

By

Charles B. Cliett, Jr.

Enclosures



<i>SERFF Tracking Number:</i>	<i>MWSG-126380599</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AMEX Assurance Company</i>	<i>State Tracking Number:</i>	<i>45503</i>
<i>Company Tracking Number:</i>	<i>AETI-CRT-AR 3/10</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>American Express Travel Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/12/2010	Supporting	Statement of Variability Document	04/24/2010	AR Statement of Variability.pdf (Superceded)

**Description of Variable Material**  
**Certificate of Insurance Coverage Number AETI-CRT-AR 3/10**

<b>Page Number</b>	<b>Bracketed Provision</b>	<b>Possible Variations</b>
Face page	AMERICAN EXPRESS TRAVEL INSURANCE	The name of the plan. If the name of the plan changes, this would allow the Company to update the name without re-filing.
Face page	Address of AMEX Assurance Company	The address is bracketed as it could change in the future.
Face page	John/Jane Doe	The name of each certificate holder enrolled in the plan will be inserted here.
Face page	xxxxxxxxxxxx	Identification number assigned to enrolled certificate holder.
Face page	AMERICAN EXPRESS TRAVEL INSURANCE	This is the name of the plan, which may change in the future.
Face page	14	This refers to the number of days a certificate holder has to review the policy and return it, in exchange for the return of premium. This number of days may change depending on state law or other permissible reasons.
Face page	AMERICAN EXPRESS TRAVEL INSURANCE, P.O. Box 792, Golden, CO 80402-0792	The address of the Company is bracketed, as it could change in the future.
Face page	Language describing effective date for Trip Cancellation coverage	This language may or may not be in the Certificate depending on the plans offered to, or chosen by, an Enrollee.
Face page	Trip Interruption, Global Trip Delay, Global Baggage Protection, Travel Accident Protection, Emergency Medical and Dental Expense and Emergency Medical Evacuation/Repatriation coverage	Each of these benefit descriptions is bracketed because the plans offered to Enrollees, or chosen by Enrollees, can vary.
2	In the table of contents, Trip Cancellation/Interruption, Cancel for Any Reason Coverage, Global Medical Protection, Global Trip Delay, Global Baggage Protection and Travel Accident Protection	Applicants are offered either stand-alone insurance plans or packages containing all or some of these different types of benefits. Accordingly, each benefit needs to be bracketed as it may or may not be in the Certificate issued to a particular Enrollee.
3	Definition of Annual Payment Plan	Applicants typically may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If coverage for a particular trip is purchased, this definition may not be included in the Certificate.
4	Definition of Designated Trip Payment Plan	Applicants may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If an Enrollee purchases an Annual Payment Plan option, this Designated Trip Payment Plan definition may not be included in the Certificate.
5	Definition of Family Member	In some plans the following alternative definition of Family Member is used: "the Covered Person's Spouse or Domestic Partner, child, parent, step parent, grandparent, grandchild, or sibling."
7	American Express Travel Insurance "or American Express Award Travel Insurance Certificate"	The name of the plan could change in the future. The related plan, American Express Award Travel Insurance, may or may not be included here.
7-11	Entire description of Trip Cancellation/Interruption benefits	The entire description of this benefit is bracketed because it may or not be offered to or chosen by an Enrollee, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
7	"or other means"	This language is removed in some plans that cover Trip Cancellation and Interruption only in regards to travel on a Scheduled Airline or

Page Number	Bracketed Provision	Possible Variations
	“or enters a vehicle or other means of transportation and begins the trip”	Common Carrier Conveyance and not on trips taken, for example, in a personal vehicle or rental car.
8	Covered reason triggered by the number of hours of complete cessation of travel services caused by adverse weather or natural disaster: [24]	This number could change in future or amended contracts with Enrollees.
8	Number of months a Covered Person must have been employed in order for an unforeseeable layoff to be a covered reason: [24]	This provision could change in amended or future contracts with Enrollees.
8	[Unforeseeable, unexpected or unintended Financial Default or bankruptcy of any tour operator, hotel, resort, rental car company, other travel supplier, Scheduled Airline, or Common Carrier Conveyance, whose services or products constitute all or part of the Covered Person’s Covered Trip. Financial Default occurring on, before or less than 7 days after the Coverage Effective Date of Trip Cancellation is not covered;]	This covered reason is not included in all products.
9	Requirement that Scheduled Airline or Common Carrier-caused delay must be at least [6] hours or by [12:01A.M.] of the next day (in the time zone where the delay originally occurred), whichever happens first.	The minimum time for a Scheduled Airline or Common Carrier-caused delay and the time limit of “by 12:01 A.M.” may change in future or amended contracts with Enrollees.
9	Minimum percentage of trip lost that a delay must cause in order for the delay to be a covered reason: [50]	This percentage could change in future or amended contracts with Enrollees.
9-10	Cancel for Business Reasons explanation of benefits	This entire subsection of the Trip Cancellation and Interruption description of benefits will be removed if Cancel for Business Reasons is not offered to or chosen by an Enrollee.
10	Number of days after initial trip deposit within which Cancel for Business Reasons coverage must be purchased for benefits to be payable: [14]	The number of days may change in future or amended contracts with Enrollees.
10	Contact telephone numbers: [1-800-332-4899] and [1-303-273-6497]	These telephone numbers may change in the future.
10	Exclusions and Limitations Applicable to Trip Cancellation/Interruption [& Cancel For Business Reasons] Coverage	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	“ . . . exclusions apply to the Trip Cancellation/Interruption Coverage [& Cancel for Business Reasons coverage].”	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	American Express Travel Insurance	The name of the plan could change in the future. The related plan,

Page Number	Bracketed Provision	Possible Variations
	“or American Express Award Travel Insurance Certificate”	American Express Award Travel Insurance, may or may not be included here.
10	“... [identify them when You enroll for coverage] [or] [call us at [1-800-332-4899] within the United State or collect at [1-303-273-6497] from anywhere else before the Covered Trip and identify them.	These bracketed provisions refer to ways to identify Traveling Companions who are not enrolled under this Certificate, but who could trigger Trip Cancellation or Trip Interruption benefits for a Covered Person if the Traveling Companion experiences a covered reason for cancellation or interruption. The means to provide such notification, or the referenced telephone numbers, may change in the future.
11	Employment or business-related obligations of [the Covered Person, his or her Traveling Companion or] a Family Member of the Covered Person or Traveling Companion.	Covered Persons and Traveling Companions will not be included in this exclusion if a Certificate includes Cancel for Business Reasons coverage.
11	Benefit description for Cancel for Any Reason Coverage	This entire benefit is bracketed because Cancel for Any Reason Coverage will be offered only in certain plans marketed to Enrollees.
11	Minimum number of days before covered trip that a trip may be cancelled under Cancel for Any Reason Coverage: [2]	This minimum number may change in future or amended contracts with Enrollees.
11	Maximum percentage of trip costs covered under benefit: [50]	This maximum percentage benefit may change in future or amended contracts with Enrollees.
11	Maximum number of days after initial trip purchase that Cancel for Any Reason Coverage can be purchased: [14]	This number of days may be changed in future or amended contracts with Enrollees.
12-14	The entire description of benefits for Global Medical Protection	The entire description of benefits must be bracketed because Global Medical Protection Coverage may not be offered to or chosen by all Enrollees, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
12	Requirement under Global Medical Protection that a Covered Trip be for a distance greater than a [150] mile radius from a Covered Person’s Permanent Residence.	This mileage requirement may change in future or amended contracts with Enrollees.
12	Part of Covered Trip to which this benefit applies: the first [60] days	The number of days could change in future or amended contracts. Also, the Company will allow Enrollees to choose an extension of medical benefits of up to 180 total days in exchange for additional premium.
12	Maximum benefit under Emergency Medical Expense: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical/Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part of a bundled coverage, the Emergency Medical Expense benefit will range between \$5,000 and \$50,000.
12	Requirement that Covered Expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees or as required by state law.
12	Maximum expense under Emergency Dental Expense Benefit: \$[750]	The Company will offer plans with total dental benefits of \$500 and \$750. The dental benefit is included within the total medical benefit.
12	Requirement that a covered expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees or as required by state law.
12	“The Covered Person must pay a	The Company will not include this deductible in all plans. With any

Page Number	Bracketed Provision	Possible Variations
	[\$50] deductible before We pay for Medically Necessary dental care on a Covered Trip.”	appropriate rate adjustments and filings, the Company may revise the amount of deductible in the future.
12	Maximum benefit under Emergency Medical Evacuation/Repatriation: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part a bundled coverage, the Emergency Medical Evacuation/Repatriation benefits will range between \$5,000 and \$100,000.
13	Toll free numbers to contact in relation to evacuation services: [1-800-332-4899], [1-303-273-6497]	These telephone numbers may change in the future.
13	Requirement that Covered Expense be outside of a [150] mile radius from the Covered Person’s Permanent Residence	The mileage radius could change in future or amended contracts with Enrollees.
13	Number of days that Covered Person’s medical condition does not substantially change, requiring evacuation to point of departure: [7] days	The number of days may change in future or amended contracts with Enrollees.
13	A minimum hospital stay eligible for the benefit paying for roundtrip airfare to Covered Person’s bedside: [5] days	This requirement may change in future or amended contracts with Enrollees.
13	Payment of expenses related to change of airfare based on sickness or injury: \$[100] (domestic flights), \$[200] (international flights)	These benefits may change in future or amended contracts with Enrollees.
13	Maximum number of days to pay Global Medical Protection claims: [45]	The number of days may change according to state law or for other permissible reasons.
14-15	Global Trip Delay description of benefits	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Minimum time for trip delay: [6] hours or by [11:00 p.m.] of the same day (in the same time zone of missed connections, delayed transportations, cancellations or denied boarding, whichever occurs first)	These limitations could be changed in some plans or in future or amended contracts with Enrollees.
15	Payment will not exceed \$[[150] per day up to] Our aggregate limit of \$[750] per Covered Trip.	A per day limit will not be included in all plans offered under this Certificate, but when included, such limits will range between \$100 and \$300. The maximum per trip limit will range between \$200 and \$1,000. There may not be a per day limit in all plans.
15	“Total covered expenses may not exceed the per day limit and must be necessary and reasonable.”	This language will be included only in plans with a per day limit.
15-18	Description of benefits for Global Baggage Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Maximum replacement costs for lost or damaged carry-on and checked baggage: \$[2,000]	Depending on the plan offered, baggage lost benefits will range between \$250 and \$2,500.
16	Delayed checked baggage benefit	This entire benefit is bracketed because it will not be provided for all plans that include Global Baggage Protection.

Page Number	Bracketed Provision	Possible Variations
16	Delayed checked baggage benefit: \$[500]	This benefit will range between \$100 and \$500 depending on the plans offered by the Company or selected by the Enrollee.
16	Minimum time for delay: [6] hours	Depending on the plan offered by the Company or chosen by the Enrollee, the minimum length of delay will range between 3 and 24 hours.
16	Maximum benefit for loss of personal property and business effects under the Other Means of Transportation benefit: \$[2,000]	This benefit falls under baggage loss and will vary by plan in the same manner as described under carry-on and checked baggage benefit.
17	Delayed checked baggage benefit – proof of claim requirements	This entire section is bracketed because it will only appear in plans in which the delayed baggage benefit is included.
17	Minimum number of hours a person must wait before filing a claim for delayed baggage: [6]	Depending on the plan offered by the Company and selected by the Enrollee, the minimum number of hours may range from three to twenty-four.
17	Maximum benefit for delayed checked baggage: \$[500]	Depending on the plan offered by the Company and selected by the Enrollee, the maximum benefit may vary between \$100 and \$500.
17	<b>“Annual Aggregate Limit</b> A Covered Person enrolled through the Annual Payment Plan is subject to an aggregate limit of \$[5,000] per year.”	This limit applies only to coverage under the Annual Payment Plan. Annual limits range from \$1,000 to \$5,000.
18-20	Description of Coverage for Travel Accident Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
19	Toll-free number to call to obtain a beneficiary designation: [1-888-335-1370]	This number may change in the future.
19	Number of days within which travel accident protection claims will be paid: [45]	The number of days may change according to state law or for other permissible reasons.
20	Numbers to call for emergency travel assistance: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
21	Number to contact to change benefits: [1-800-332-4899]	The number could change in the future.
21	“Changes to the Designated Trip Payment Plan will not be honored unless placed prior to the Covered Trip Departure Date and approved by US. For the Designated Trip Payment Plan the premium is refundable up to 14 days after the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first. The premium is non-refundable anytime after the 15th day from the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first.”	This language will be used only when an Enrollee purchases the Designated Trip Payment Plan.
21	“If enrolled in the Annual Payment Plan, the following billing procedures apply if benefits are changed: 1. <b>Coverage upgrades-</b> a pro rata	This provision will only be used if the Enrollee purchases the Annual Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	<p>premium charge will be assessed to Your Account upon the date You elect to upgrade Your coverage.</p> <p><b>2. Coverage downgrades or cancellation-</b>Your premium refund will be calculated pro rata and assessed to Your Account upon the date You elect to terminate or downgrade Your coverage.”</p>	
21	<p><b>Designated Trip Payment Plan</b> The applicable single-trip premium will be due prior to the Covered Trip Departure Date.</p>	This provision will only be used if the Enrollee purchases the Designated Trip Payment Plan.
21	<p><b>“Annual Payment Plan</b> The applicable annual premium charge will be billed to Your Account on Your annual enrollment anniversary date.</p> <p><b>Applicable to Enrollees of Global Medical Protection</b> A Covered Person’s Annual Payment Plan premium will increase on their next annual renewal date following the attainment of age 66.”</p>	These provisions will only be included if the Enrollee purchases the Annual Payment Plan.
21	<p><b>“Change in premiums:</b> If You pay premiums through an Annual Payment Plan, We have the right to change the premium rates if we provide You notice at least [31] days before the premium is due. The premium rates may also be changed at any time that the terms of the Policy are changed.”</p>	Provision on change in premium applies only to persons with the Annual Payment Plan. In regard to such provision, the 31-day notice requirement may change according to state law or for other permissible reasons.
21-22	<p><b>“Grace Period:</b> If You pay premiums through an Annual Payment Plan, all benefits listed under the Certificate have a [31]-day grace period for the payment of each premium due after the first premium. The grace period begins on the premium due date. Premium will accrue during the grace period, and You are liable for such accrued premium. When a claim is paid for a loss incurred during the grace period, any premium due and unpaid may be deducted from the claim payment. There is no grace period if We advise You of non-renewal or cancellation.”</p>	The paragraph on grace period applies only to Enrollees with the Annual Payment Plan. In regard to such Enrollees, the 31-day grace period could change according to state law or for other permissible reasons.

Page Number	Bracketed Provision	Possible Variations
22	<b>“Reinstatement:</b> If You pay premiums through an Annual Payment Plan and We terminate insurance for nonpayment of premium, You may reinstate coverage within [90] days following the last unpaid premium due date. You must pay all overdue premiums. The reinstated plan will not cover a loss that occurred during the lapse period. We may issue You a new Certificate upon reinstating Your coverage.”	The paragraph on reinstatement applies only to Enrollees with the Annual Payment Plan. The 90-day time limit for reinstatement may change according to state law or for other permissible reasons.
22	Days within which to file Notice of Claim: [30]	This time limit, referenced here on this page, could change based on state law or for other permissible reasons.
22	Contact numbers regarding claims: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
22	American Express Travel Insurance, P.O. Box 792, Golden, CO 80402-0792	The address could change in the future.
22	Number of days for company to send claim forms: [15]	Number of days may change depending on state law or other permissible reasons.
22	Number of days to file satisfactory proof of loss: [90]	Number of days, referenced twice on this page, may change depending on state law or other permissible reasons.
23	Number of days after proof of loss that no legal action may be brought to recover against the plan: [60]	Number of days may change depending on state law or other permissible reasons.
23	Number of days to which liberalization clause applies: [60]	Number of days may change depending on state law or other permissible reasons.
24	“With respect to Annual Payment Plan Enrollees, duplicate or multiple enrolled Accounts shall not obligate Us to pay more than one benefit limit per Occurrence covered under each applicable enrolled benefit selected.”	This provision will be included only with Enrollees who purchase the Annual Payment Plan.
24-25	Preexisting condition exclusion	The entire exclusion is bracketed because it will not be applicable to some plan configurations. For example, if an Enrollee purchases only Global Baggage Protection, preexisting conditions would not be relevant to such coverage.
24	Look-back period applicable to preexisting condition exclusion: [90] days	This time period, referenced twice on this page, may change in future or amended contracts with Enrollees.
25	Number of days after making first Covered Trip deposit within which premium for coverage with pre-existing condition waiver must be paid: 14	This time limit could change in future or amended contracts with Enrollees.
25	“For Covered Persons enrolled in a Designated Trip Payment Plan, coverage under the Certificate will terminate at 12:01 a.m. on the date immediately following the earliest	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in a Designated Trip Payment Plan.



Page Number	Bracketed Provision	Possible Variations
	of these events.”	
25	“For Covered Persons enrolled in an Annual Payment Plan, coverage under the Certificate will end with regard to a specific Covered Trip at 12:01 a.m. on the date immediately following the earliest of these events:”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“For Covered Persons enrolled in an Annual Payment Plan, the events listed above result in coverage ending in regards to a specific Covered Trip, but do not terminate coverage under the Certificate.”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“ . . .subject to the grace period described above in the section on Terms that Apply to All Benefits, in the subsection on Premiums.”	This language relating to a grace period is only applicable to Covered Persons enrolled in the Annual Payment Plan.
26	Number of days in initial review period within which coverage can be rescinded: [14]	This time period, referenced several times on this page, may change depending on state law or other permissible reasons.
26	Address of AMEX Assurance Company: [ Attn: American Express Travel Insurance, P. O. Box 792, Golden, CO 80402-0792]	The address may change in the future.
26	Client Service Dept. telephone number: [1-800-332-4899]	This number may change in the future.
26	“If you enrolled through the Annual Payment Plan, the [14] day period is only applicable to the initial Certificate of Coverage received when You first enrolled in the Plan, and does not apply to any continuation of Annual Payment Plan coverage purchased by You.”	This provision will only be applicable to Enrollees who purchase the Annual Payment Plan.
26	Number of days advance written notice for termination by Participating Organization: [60]	Number of days may change depending on state law or other permissible reasons.
26	“If enrolled in the Annual Payment Plan, Your premium refund will be calculated pro rata when You elect to terminate coverage.”	This provision will be included only if the Enrollee is paying for coverage under the Annual Payment Plan.
26	“This Certificate is provided to Covered Persons under a Designated Trip Payment Plan, which means that coverage lasts only for the duration of a Covered Trip as defined by this Certificate. The coverage is not renewable.”	This provision relating to non-renewability is applicable only Covered Persons enrolled in a Designated Trip Payment Plan.
26-27	“If Covered Persons are Enrolled in an Annual Payment Plan, We may non-renew the Policy. All coverage under this Certificate will cease on the date of non-renewal. If We non-	This provision relating to non-renewability is applicable only Covered Persons enrolled in an Annual Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	renew the Policy, We will provide at least [60] days' advance written notice of the non-renewal to You, any Participating Organization and the Master Policyholder."	
27	Number of days advance written notice for termination or non-renewal of policy by Company: [60]	Number of days may change depending on state law or other permissible reasons.
27	Number of days either Master Policyholder or Company can terminate policy: [31]	Number of days may change depending on state law or other permissible reasons.
27	"We may terminate this Certificate, or the coverage under this Certificate of any Covered Person, with [45] days' written notice if We determine that You or any Covered Person has made a material misrepresentation, non-disclosure or fraudulent statement in enrollment or claims presentation."	This termination provision may be revised or deleted, or the time limit revised, based on state law other permissible reasons.
27	"We may terminate this Certificate with [10] days' written notice if we are unable to collect premium from Your Account and any required grace period has expired."	This termination provision may be revised or deleted, or the time limit revised, based on state law other permissible reasons.
27	Names and signatures of President and Secretary of AMEX Assurance Company	This information is bracketed as it could change in the future.

### Description of Variable Material for Schedule of Benefits Form AETI-SCHBF 3/10

Page Number	Bracketed Provision	Possible Variations
1	Telephone numbers	The toll free or collect call telephone numbers, referenced a total of 4 times in the form, may change in the future.
1	[Names of Additional Covered Persons and Date of Birth:  Covered Person 1 Covered Person 2 Covered Person 3 Covered Person 4 Covered Person 5]	There may be up to 10 Covered Persons identified on the Schedule of Benefits, per provisions in the Certificate of Insurance.
1	[Names Other Traveling Companions Enrolled in American Express Travel Insurance:  Other Traveling Companion 1 Other Traveling Companion 2 Other Traveling Companion 3 Other Traveling Companion 4 Other Traveling Companion 5]	Depending on the number of Covered Persons, the number of Traveling Companions identified may be between 1 and 9 individuals for a combined total of 10 individuals who either are Covered Persons or Traveling Companions.

Page Number	Bracketed Provision	Possible Variations
1-2	<ul style="list-style-type: none"> <li>• [Trip Cancellation up to xx (“the aggregate amount”)]</li> <li>• [Trip Interruption up to [100]% of the aggregate amount]</li> <li>• [Cancel for Any Reason up to [50]% of the aggregate amount]</li> <li>• [Emergency Medical Evacuation/Repatriation* up to xx]</li> <li>• [Emergency Medical* up to xx]</li> <li>• [Dental Expense* up to xx [with a \$50 deductible per Occurrence]]</li> <li>• [Global Trip Delay up to xx]</li> <li>• [Baggage Delay up to xx]</li> <li>• [Baggage Loss up to xx]</li> <li>• [Travel Accident Protection up to xx]</li> <li>• [24-Hour Accidental Death &amp; Dismemberment up to xx]</li> <li>• [24-Hour Travel Assistance Hotline]</li> </ul> <p>[* these benefits are part of the Global Medical Plan]</p>	These bracketed descriptions of the benefits provided under the Certificate will vary depending of the benefits marketed to or chosen by the Enrollee.
2	[Covered Trip Destination:] [Covered Trip Departure Date and Conclusion Date:]	The destination and travel dates will vary for each trip.
2	[Trip Cancellation Coverage Effective Date and Conclusion Date:]	Trip Cancellation coverage begins upon purchase of the coverage or mailing of the application, per the Certificate. The effective date and conclusion date will change with each new Enrollee.
2	[Global Medical Plan Coverage Effective Date and Conclusion Date:] [Unless You elected to extend this Coverage You will be covered for the first 60 days of Your Covered Trip. If You have any further questions concerning coverage call [1-800-332-4899].]	The coverage effective date will be the date of departure on the Covered Trip. The conclusion date will be the total number of days purchased for medical coverage, up to 60, unless extensions are purchased. The effective date and conclusion date will change with each new Enrollee.
2	[All Other Enrolled Coverage Effective Date and Conclusion Date:]	The effective date and conclusion date will change with each new Enrollee.

### Description of Variable Material for Enrollment Form AETI ANNUAL 12/09

Page Number	Bracketed Provision	Possible Variations
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Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number may change.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 792, Golden, CO 80402-9803]	This address may change in the future.
1	<b>Step 1.</b> Choice of one of three insurance packages, <sup>1</sup> which include Annual Basic American Express Travel Insurance, Annual Silver American Express Travel Insurance or Annual Gold American Express Travel Insurance. The entire choice of packages is bracketed, as are the names of the plans and the premium amounts.	<p>All three choices are bracketed because not all of these options may be marketed at once.</p> <p>The names of the plans may be changed based on marketing considerations.</p> <p>The premiums will vary depending on age of the Enrollee and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with these American Express Travel Insurance plans.</p>
1	Annual Trip Cancellation and Interruption Plan. Premium for benefit is also bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>The premium reflected may change depending on age of the Enrollee and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Baggage Protection Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 7 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Trip Delay Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Annual Travel Accident. Premium for plan options are also bracketed.	This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within

<sup>1</sup> Benefit packages identified in this and other enrollment forms addressed in this Statement of Variability are described in the Explanatory Memorandum accompanying the forms.

Page Number	Bracketed Provision	Possible Variations
		<p>the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Annual Global Medical Protection. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>As reflected by the form, premiums vary by age, depending on whether the Enrollee is age 65 or younger or age 66 or older. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	1-800-332-4899	The telephone number may change in the future.
3	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form AETI Bundle 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, which is identified three times on page 1 of this form, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 792, Golden, CO 80402-9803]	This address may change in the future.
1	[www.americanexpresstravelinsurance.com]	Web site contact information. The web location may change upon finalization or may change in the future.

Page Number	Bracketed Provision	Possible Variations
1	Choice of Packages: Basic, Silver, Gold, Platinum or Diamond <sup>2</sup>	All five choices are bracketed because not all of these options may be marketed at once.  The names of the plans may be changed based on marketing considerations.
2	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form AETI CUSTOM 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 792, Golden, CO 80402-9803]	This address may change in the future.
1	“Please choose either Trip Cancellation and Interruption or Trip Protection Plan (note that you may not enroll in both plans).”	The language may be removed because the Company may not always market these plans.
1	Trip Cancellation and Interruption Plan Coverage Selection table reflecting different bracketed premiums for Trip Cancellation and Interruption based on age and cost of trip.	The entire table for this stand-alone annual benefit is bracketed because the Company may not always market this benefit.  As reflected by the table, premiums change based on age and trip cost. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	Trip Protection benefit	This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.

<sup>2</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
2	Travel Accident Protection benefit; plan name and premiums for four different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company. The plan name may change.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Baggage Protection; premiums for packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Trip Delay; premiums for different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
3	Global Medical Plan; premiums for different packages are bracketed; toll-free number is bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may vary based on the age of the covered person. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p> <p>The telephone number, reflected under this benefit and at the bottom of this page, may change in the future.</p>
3	1-800-332-4899	The telephone number may change in the future.
4	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form PUR PTH FR 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 792, Golden, CO 80402-9803]	This address may change in the future.
1	14 different package options bracketed; premiums for each package bracketed. <sup>3</sup>	<p>The Company may not always market each of these plans.</p> <p>These are flat-rate premiums, but the premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
2	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form PUR PTH PTC 12/09

Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
1	Company telephone number: [1-	The telephone number may change in the future.

<sup>3</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.



Page Number	Bracketed Provision	Possible Variations
1	AMERICAN EXPRESS TRAVEL INSURANCE underwritten by AMEX Assurance Company, an American Express Company	The title of the form, which may change.
	800-332-4899]	
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P. O. Box 792, Golden, CO 80402-9803]	This address may change in the future.
1	9 different package options bracketed; premiums for each package (calculated as a % of trip cost) is bracketed. <sup>4</sup>	The Company may not always market each of these plans.  The percentages of trip cost upon which premiums are based may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	Company telephone number: [1-800-332-4899]	The telephone number may change in the future.
3	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.

### Description of Variable Material for Enrollment Form 2009 AETI WEB

Page Number	Bracketed Provision	Possible Variations
1	American Express Travel Insurance	The name of the plan appears several times on this page. Brackets allow the Company to update the plan name without re-filing for approval.
2	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
2	“Here are the plans now available in [state]”	The state listed at the top left of the page will depend on the state chosen by the Enrollee on the initial landing page.
2	Bracketed premium beside American Express Travel Insurance Packages	The premiums are not finalized in this form. Final rating methodologies are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans. Premiums for packages typically vary by age and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees.

<sup>4</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
2	“...one of our five comprehensive insurance packages: Basic, Silver, Gold, Platinum, or Diamond.” <sup>5</sup>	The number and name of the packages marketed by the Company may change. Not all packages may be marketed at the same time.
2	Bracketed range of premiums under Travel Accident Protection, Global Trip Delay Plan, Global Medical Plan, Global Baggage Protection Plan and Trip Cancellation/ Interruption Plan.	The range of premiums is not finalized in this form. Final rating methodologies are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.
3	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
3	Toll free number: [1-800-332-4899]	The telephone number may change.
4	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
4	Toll free number: [1-800-332-4899]	The telephone number may change.
4	The entire description of bundled and stand-alone benefits is bracketed on this page. Also, Premiums are bracketed beside each bundled package, and beside each plan option under the stand-alone benefits. The overall total trip premium at the bottom of the page is also bracketed.	<p>The company may not market all of these plan configurations at the same time. Premiums for the bundled packages and some stand alone coverages will vary based on information the Enrollee enters on previous pages of the form.</p> <p>Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.</p>
5	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
5	Toll free number: [1-800-332-4899]	The telephone number may change.
5	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
5	Toll free number: [1-800-332-4899]	The telephone number may change.
6	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
6	Toll free number: [1-800-332-4899]	The telephone number may change.
6	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	Toll free number: [1-800-332-4899]	The telephone number may change.
6	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false	Fraud language may change depending on state law or other permissible reasons.

<sup>5</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
	information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	

### Description of Variable Material for Enrollment Form 2009 AETI ANNUAL WEB

Page Number	Bracketed Provision	Possible Variations
1	American Express Travel Insurance	The name of the plan appears several times on this page. Brackets allow the Company to update the plan name without re-filing for approval.
2	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
2	“Here are the annual coverage plans now available in [state]”	The state listed at the top left of the page will depend on the state chosen by the Enrollee on the initial landing page.
2	Toll free number: [1-800-332-4899]	The telephone number may change.
3	American Express Travel Insurance	The name of the plan, which may change, appears on this page.
3	Toll free number: [1-800-332-4899]	The telephone number, which appears twice on the page, may change.
4	American Express Travel Insurance	The name of the plan, which may change, appears twice on this page.
4	Toll free number: [1-800-332-4899]	The telephone number may change.
4	The entire description of bundled and stand-alone benefits is bracketed on this page. <sup>6</sup> Also, premiums are bracketed beside each bundled package, and beside each plan option under the stand-alone benefits.	<p>The company may not market all of these plan configurations at the same time. Premiums for the bundled packages and some stand alone coverages will vary based on information the Enrollee enters on previous pages of the form.</p> <p>Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. For Trip Cancellation/Interruption coverage, premiums vary based on age and trip cost. For Global Medical Protection, premiums can vary based on age.</p>
5	American Express Travel Insurance	The name of the plan, which may change, appears twice on this page.
5	Toll free number: [1-800-332-4899]	The telephone number, which appears twice on this page, may change.
5	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	American Express Travel Insurance	The name of the plan, which may change, appears several times on this page.
6	Toll free number: [1-800-332-4899]	The telephone number, which appears several times on this page, may change.

<sup>6</sup> Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
6	Line or lines identifying the plans selected by the Enrollee and the premium for the plans.	Plans and corresponding premiums will change based on the choices made by the Enrollee.
6	“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.”	Fraud language may change depending on state law or other permissible reasons.